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AN ASSESSMENT OF INCLUSIVE GROWTH MECHANISMS IN NIGERIA: A CASE STUDY OF ORUMBA COMMUNITIES.

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Abstract

Inclusive growth practice in growth strategies has occupied an integral position in the burgeoning literature of both developed and developing economies, given the need for policy makers to detract from GDP growth and pay attention to the obvious trade-off between spectacular growth of an economy and the well-being of the people, particularly among emerging economies. The central issue underpinning and informing this concern is that attainment of high economic growth with its consequent GDP measure, has failed to capture other well-beings of the people, such as good health and quality education, which has varying implications and impacts in an economy, most often resulting in low rates of employment creation and poverty reduction. This research compliments extant literature in looking at the impact of health and educational services and mechanisms on different components of IG implementation in the Nigerian economy, especially workforce and community settings. This research remarkably differs from the approaches of previous studies which explored composite IG indices and deliveries of health and educational services. The reason is that the aggregation of different categories of IG implementations and components of health and educational services into a composite index may likely blur the exact nature of the impact of each component of health and educational services on each category of IG contained in the index. Therefore, this study decomposed IG implementation into two categories: poverty and unemployment reduction. The study also deconstructed the following into components: health services into private hospitals, secondary hospitals, primary healthcare, alternative healthcare providers; and educational services into primary, secondary, Tertiary and Vocational levels of education. Then critical investigation of the effects and estimation of health and educational services within and outside the delivery systems were carried out to estimate their impacts on IG- poverty and unemployment reduction. Data were sourced through strategic evaluation of health and educational services and IG implementations – poverty and unemployment reduction. Embedded sequential mixed methods research is explored to allow for the fusion of depth and breadth of the research and a variety of quantitative and qualitative research methods were employed, which include the use of questionnaire survey and in-depth interviews. The findings of this research reveal that unemployment is high and increasingly rising within the workforce in Nanka which is translating into high rates of poverty within the workforce. It is found that government owned health and educational sectors do not show convincing evidence of strong support to IG, while privately-owned sectors have direct and significant effect on IG but do not show strong impact on IG in the community. The research findings propose an enhanced framework model which suggest the need for government, NGOs and philanthropists to commit resources, institute incentives schemes and regulatory constraints to improve health and educational sectors especially core issues within and outside the sectors that will compel vested interest from the community in those sectors for inclusive growth.

Keywords: Inclusive growth, Poverty reduction, Unemployment reduction, Healthcare services, Educational services, Mixed methods.

Table of Contents

List of Appendices

List of Tables

List of Figures

Abbreviations

ADB	**Asian Development Bank**
AfDB	African Development Bank
AHC	Alternative Healthcare Providers
APIS	Annual Poverty Indicators Survey
ARU	Anglia Ruskin University
ATA	Agricultural Transformation Agenda
BEA	Business Enabling Approach
BPD	Barrel Per Day
CAFOD	Catholic Agency for Overseas Development
CBN	Central Bank of Nigeria
CCA	Common Country Analysis
CGD	Commission on Growth and Development
CHIS	Community Based Health Insurance Scheme
COPP	Care of The Poor Programmes
EET	Equality and Efficiency Trade-Off
EIO	Equity/Non-Equity Index of Opportunity
EMPAA	Employability Analysis Approach
EPR	Employment – To - Population Ratio
FG	Federal Government
GAF	Growth Analytical Framework
GCE	General Certificate Examinations
GCR	Global Competitive Ranking
GDA	Growth Diagnostic Approach
GDP	Gross Domestic Product
GNP	Gross National Product
HCD	Human Capital Development
HDI	Human Development Index
HDR	Human Development Report
HIV	Human Immunodeficiency Virus

HRW	Human Right Watch
IEI	Income Equity Index
IG	Inclusive Growth
ILO	International Labour Organisation
IMF	International Monetary Fund
IPC IG	International Policy Centre for Inclusive Growth
JAMB	Joint Admissions and Matriculation Board exams
JSCE	Junior Secondary Certificate Exam
JSS	Junior Secondary School
LGA	Local Government Area
LR	Long-Run
MDGs	Millennium Development Goals
MFP	Multi Factor Productivity
MMR	Mixed Method of Research
NAPEC	National Poverty Eradication Council
NAPEP	National Poverty Eradication Programme
NAU	Nnamdi Azikiwe University
NBS	National Bureau of Statistics
NCAAA	National Council for Academic Assessment and Accreditation
NEEDS	National Economic Empowerment and Development Strategies
NGO	Non-Government Organisation
NHDR	National Human Development Report
NNPC	Nigerian National Petroleum Co-Operation
NSHDP	National Strategic Health Development Plan
NUC	Nigeria University Council
OECD	Organisation of Economic Co-Operation and Development
OMF	Operational Market Factor
PAP	Poverty Alleviation Programme
PBG	Poverty Bias of Growth
PEGR	Poverty Equivalent Growth Rate
PGR	Poverty Growth Rate

PHC	Primary Healthcare Centre
PIS	Participant Information Sheet
POSTUTME	Post Unified Tertiary Matriculation Examination
PPG	Pro Poor Growth
PPP	Purchasing Power Parity
PTA	Parents and Teachers Association
R&D	Research and Development
RHC	Rural Health Centre
SD	Standard Deviation
SDG	Sustainable Development Goal
SG	State Government
SMEDA	Small and Medium Enterprises Development Agency
SMF	Social Mobility Function
SOF	Social Opportunity Function
SPSS	Statistical Package for Social Sciences
SR	Short-Run
SSCE	Senior Secondary Certificate Exams
SURE-P	Subsidy Reinvestment and Empowerment Programme
TBA	Traditional Birth Attendants
TDE	Trickle-Down Effect
TDH	Trickle-Down Hypothesis
UBEP	Universal Basic Education Programmes
UK	United Kingdom
UN	United Nations
UNDP	United Nations Development and Projects
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNGA	United Nations General Assembly
UNMAF	United Nations Millennium Development Goals Acceleration Framework
USA	United States of America
USD	United States Dollar

VECM	Vector Error Correction Model
WAEC	West African Examination Council
WB	World Bank
WC	Washington Consensus
WDI	World Development Indicators
WDR	World Development Report
WEF	World Economic Forum
WHO	World Health Organisation

Copyright Declaration

CHAPTER 1
ORIENTATION OF STUDY

1.1 Introduction

This chapter introduction presents the context of this research. This research project commences with a general background to the research - highlighting the following: the rationale that justifies the need for the research; the research questions in line with the aim and objectives of the research; a brief summary of the adopted research methodology; the sampling technique employed and the structure of the thesis. The chapter finally draws the curtain with the brief summary of the entire chapter.

1.2 Background to the Research

Nanka is located 210 miles south of the capital Abuja in the state of Anambra (pop . 5.527 million), in the local government area of Orumba North (pop. 172,405). Orumba North comprises of sixteen major towns of which Nanka is one. The Nanka municipal area covers just under 7 km^2 and comprises of seven smaller villages, each inhabited by between 1,000 to 3,000 people: approx. 12,000 in total. The area has good fertile land producing rice, yam, cassava and palm oil. The majority of the population are engaged in subsistence farming and/or trading.

Nanka is served by thirteen primary schools of which nine are public and four private. The town has two government secondary schools, the closest further education establishment is a Federal Polytechnic located in Okoh some 6 km away (National Bureau of Statistics, 2016; Wikipedia, 2020). The area has six officially recognised health facilities: Four offer primary healthcare and are publicly owned: Amako Nanka Health Centre, Nanka 2 Primary Health Centre, Nanka 1 Primary Health Centre, and Nanka 2 Health Post. There is one public secondary healthcare centre: Ofu-Obu Comprehensive Health Centre. And an additional privately owned secondary healthcare Chukwunonso Hospital (Federal Ministry of Health, 2021).

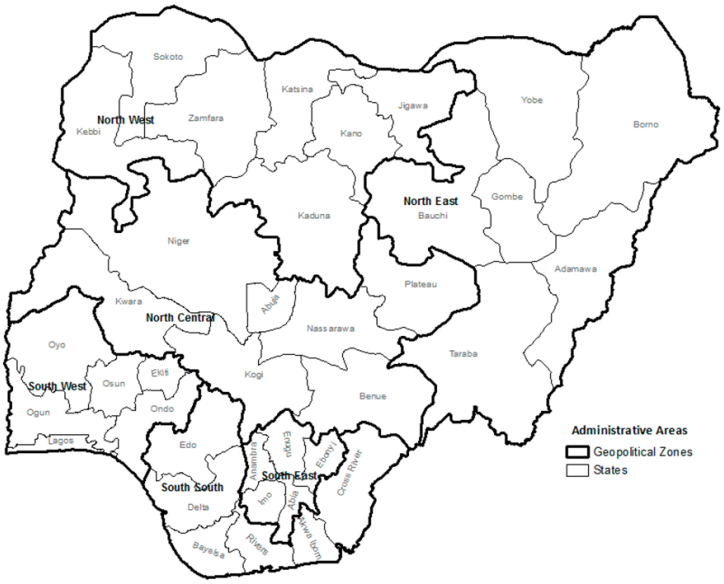
Economic statistics specific to the area of Nanka or Orumba North are difficult to ascertain but according to the National Bureau of Statistics (2020b, p.47) Anambra state records an unemployment and under-employment rate of 44.2% and 16.5% respectively in an available working population of 1.58 million out of a total of 3.57 million people who are of a working age. As a contributor to these statistics and being a rural area, Nanka's statistics are likely to greater. The state records a poverty headcount rates of 41.4 (2003/4), 53.7 (2009/10) and 14.8[1] (2019) National Bureau of Statistics (National Bureau of Statistics, 2015, p.5, 2020a, pp.14, 17) but it is likely

[1] National Bureau of Statistics changed the methodology of gathering and evaluating poverty rates in 2019, so comparisons with prior years is not recommended. See section 3.6.2.

this rate is largely under estimated if projected to the region around Nanka due to its subsistence farming heritage.

Nigeria as a federation has a large open economy with a population estimated at 201 million people and a GDP of $448bn in 2019 (World Bank, 2019). The country is the 7th most populous country in the world and is predicted to be the 3rd largest by 2050 (Ined, 2019). This population size is in excess of or equivalent to a quarter of the whole Africa. Nigeria is made up of 250 ethnic groups in the whole population and this gives the country a rich diversity in customs, languages and traditions among those ethnic groups. These ethnic groups in Nigeria as in figure 1.1 are politically zoned into six geo-political zones, namely: North-central, North-west, North-east, South-east, South-south and South-west.

Figure 1-1 Nigeria Geo-political Zones



(Source: Possible determinants and spatial patterns of anaemia among young children in Nigeria: a Bayesian semi-parametric modelling, 2020)

The country operates on a three-tier system of government, namely: 774 local government Authorities (LGAs), 36 State governments (SGs) and one central Federal government (FG). These three-tier systems of government administratively function independently within themselves, through the mechanisms of semi-autonomous tiers comprised of separate arms: legislative; executive and judiciary. The country is situated in the region of Sub-Saharan Africa. The country is endowed with abundance of natural resources which became its major source of revenue generation and economically depended on them.

As such, it would be expected that a nation with such opportunities will experience spectacular economic growth that should be sustainable and inclusive. But indeed, the economic growth that is supposed to ensure IG through the efficient distribution of its outcomes is still far from reality in Nigeria (Kolawole, 2016). This is as a result of many factors which among others include; the effect of a resource windfall as

described by Nabli and Arezki (2012), the Dutch disease[2] and excess volatility that is always characterized with abundance of resource endowment, poor infrastructure and mal-functioning of institutions (Frankel, 2012). Accordingly, Nabli and Arezki (2012), succinctly pointed out that the survival of any economy facing these challenges of resource wealth depends on the country's ability to boldly invest in building up high level of human capacity and inclusive institutions in public administrations.

However, over a decade now economic growth performance in Nigeria has started picking up and showing some considerable and steady increase in sustained growth. Accordingly, in the strength of this impressive economic performance, Nigeria has been pronounced as the fastest growing economy in the continent (IMF, 2018). This is a position that is always challenged by South Africa in terms of their country's annual GDP. In 2016 the International Monetary Fund, World outlook estimated Nigeria's annual GDP[3] at US $415.08 billion dollars. This figure, which is still below the recorded US$499 billion dollars in 2015, is a reflection of future growth (Oladeji, 2014; Kolawole, 2016).

Scholarly arguments have sought to explicate that this remarkable economic growth stability in Nigeria at the moment, is attributed mainly to the significant economic policies, reforms and programmes that were variously introduced since early 1990s (Campbell, 2017). Consequent upon these veritable conditions and policies, Nigeria has attracted businesses and investments across the world. Thus, it is widely argued that this global connections and relationships significantly boasted and sustained Nigeria's economic growth to an impressive height. Hence, it is expected that Nigeria with such potentials is required to raise up a prosperous and productive economy, which can significantly reduce unemployment, poverty and provide the needed infrastructure like health and educational facilities for the population (Babatunde and Adefabi, 2005).

But a close observation and empirical investigation of the impact of such growth on macro and socio-economic variables indicated otherwise, quite insignificant and undeniably found to fuel growth 'exclusiveness' premised on the prevailing level of unemployment and poverty in the country. This is a reverse case comparable to other developing countries such as China and India with similar rate of economic growth found to fuel inclusive growth (Raheem, Isah and Adedeji, 2018). Hence, the increasing concern among the researchers and policy makers that the growth outcomes of Nigeria's economy have not been inclusive and equitably benefited or shared in Nigeria.

As we know in literature, inclusive growth involves both a process and an outcome. As a "process": it ensures the inclusion of everyone to participate in the growth process, and as an "outcome": it ensures that everyone benefits equitably in the opportunities or benefits created by growth (Ranieri and Ramos, 2013a). Consistent

[2] The Dutch disease is the apparent causal relationship between the increase in the economic development of a specific sector and a decline in other sectors.

[3] Gross Domestic Products as a measure of Country's economic size

with this, the three pillars of inclusive growth which include social protection and promotion, generation of opportunities and protective inclusion, territorial development and systematic competitiveness will be achieved. Along this view, it is argued that a growth that is based on these pillars must be sustainable, impacts unemployment and poverty reduction and inclusive(Berg and Ostry, 2017). In addition, such growth is determined and driven by many factors among others are human capital development indicators, such as, health and education (Folawewo and Adedokun, 2017). As against this backdrop is non-inclusive growth which does not give broad access to sustainable and equity socio-economic opportunities to more people (Anyanwu, 2013a). It impacts high level of unemployment, poverty, illiteracy and mortality in an economy, and Nigeria's economic growth is suggestive of such growth (Folawewo and Adedokun, 2017). The central thesis informing this concern is that in Nigeria despite all the programmes and policies adapted to the achievement of the MDGs 2015 targets, yet the level of poverty and unemployment is still high and rapidly rising, the workforce and communities bear the blunts of it (IMF, 2014; Olabode et al., 2014).

Nevertheless, the implications of growth not being inclusive in an economy go with it some negative and damaging impacts on the citizens of the country, particularly the workforce, and most often it precipitates on finding solace in diverse criminal activities, ranging from kidnapping saga, armed conflict as it is currently happening in Nigeria. Activities of this kind are designed to aim at leading to the agitations that can trigger socio-political tensions (Ali and Son, 2007a; Raheem, Isah and Adedeji, 2018). The tension which by extension can easily slip into some extreme measures, like, some geo-political zones fighting for a new republic within a country as it is presently the case in Nigeria. Therefore, to forestall the negative impacts of non-inclusive growth in Nigeria makes it a 'conditio sine qua non' to aggressively and urgently pursue IG to salvage the unpleasant situation in the country.

In line with the above, several attempts have been variously demonstrated in Nigeria aiming at IG. For instance, in February 2014, 'Forging IG, creating jobs' became the main theme of the world economic forum held in Nigeria. This came up as a confirmation of the Nigeria's Federal Government 2013 budget theme, which geared towards 'Fiscal consolidation with inclusive growth'. Thus, this attempt gave rise to many IG programmes in Nigeria as outlined in Section 3.7.

Based on this note, Igbuzor (2006a) perspectively pointed out that IG is pertinent in the Nigeria's economy as it serves as an entry point to engage the government on the issues of development. He further notes that IG brings all segments of an economy together in development and provides a link between the grass root and the government even the international influence towards human centred development.

1.3 Rationale for Study

Spectacular economic growth, high rate of poverty and unemployment and complexities of a sustainable growth particularly in emerging economies with reference to communities have created exigencies making it more urgent than ever, that governments, organisations and institutions have been actively talking about

Inclusive growth (Kakwani and Pernia, 2000; Ravallion, 2004; UNDP, 2005; Ali and Son, 2007b; WHO and ILO, 2010; OECD, 2012; Ramos, Ranieri and Lammens, 2013; Anyanwu, 2013a; IMF, 2018). The observed increase in some emerging economies GDP growth with unequal match with low rate of poverty and unemployment reduction is more pronounced particularly within the workforce. However, a multiplicity of research studies have investigated on how it is affecting the economy and consequently made significant contributions on what should be done to promote positive impact of such growth in an economy and make growth inclusive (Ravallion, 2001; Kakwani et al., 2003; Ali and Son, 2007a; Ranieri and Ramos, 2013a; Anyanwu, 2013b). This Inclusive Growth should serve as a policy that removes barriers to growth and provides a level playing field for the majority of the population. (Ravallion, 2004; Vellala, Madala and Chattopadhyay, 2014; Oluseye and Gabriel, 2017). Inclusive Growth is accompanied by equity of opportunities, poverty and unemployment reduction and inclusive of all the income groups, rich, middle class, near poor and even the poor, (Berg and Ostry, 2017; Campbell, 2017). Along this view, inclusive growth is contemplated as evolving both as 'an outcome' referring to equity benefit sharing of growth opportunities, and as 'a process' referring to participation in such growth process by all income groups.

It is on this note that numerous studies argue that IG is likely to be explored through health and education. For this reason, IG implementation is considered to be driven, explored and extended to the reach of all income groups through the mechanism of increasing access to health and educational services (Ali and Son, 2007b; Habito, 2009; Klasen, 2010; Vellala, Madala and Chattopadhyay, 2014). This reason is further expounded in the assumption that by availing people the opportunity to access health and educational services, IG will be created and can be assessed or measured in unemployment and poverty reduction (Ravallion, 2004; Ali and Son, 2007b; Ali and Zhuang, 2007; OECD, 2012; Anand, Mishra and Peiris, 2013; Ramos, Ranieri and Lammens, 2013; Vellala, Madala and Chattopadhyay, 2014). Hence, a healthy and educated population particularly, labour force is capable of productive employment which in turn can impact poverty and unemployment reduction.

Thus, to achieve an economy that is inclusive in nature generated numerous IG debates. The reason is based on the claim that some developing countries with high rate of economic growth are often faced with the challenges of this inclusive growth, particularly on how to incorporate all economic agents to contribute their quota to the growth process and as well benefit equitably in the growth outcomes of their country (Ali and Zhuang, 2007; McKinley, 2010; Anand, Mishra and Peiris, 2013; Vellala, Madala and Chattopadhyay, 2013; Moyib, Ojo and Ayodele, 2017; Berg and Ostry, 2017).

The last two decades have witnessed humongous scholarly arguments, governments, organisations and institutional policy papers which identified part of the challenges of IG as peculiar with oil reserve economies, who are heavily dependent on it as their main source of revenue generation. Thus, scholars argue that such dependence on resources wealth may hurt a country's growth prospect and scope of job creation by limiting its economic diversification like in Nigeria (Frankel, 2012; Nabli and Arezki, 2012; IMF, 2014; G20, 2018; Raheem, Isah and Adedeji, 2018). The reasons are that

resource rich countries in the short run are always challenged by the volatility nature of revenue derived from resources exports, which often makes it difficult to manage macroeconomic stabilization policies. While, on the long-run, on average natural resource-rich countries are associated with slow rate of economic growth sustainability, when compared with resource-scarce countries (Frankel, 2012; Nabli and Arezki, 2012; Raheem, Isah and Adedeji, 2018).

Another important reason identified in the growing literature as challenges of IG is on the side of the policymakers who misconceive the concept of growth (Campbell, 2017). As such instead of formulating programs and policies to facilitate full participation of all the sectors of economy to make their growth more inclusive, are busy impacting diverse policies on GDP growth without considering the well-being of the people, such as health and education. This often leads to a trade-off between such spectacular growth and well-being of the people whose consequences are high level of poverty and unemployment, which has become the socio-economic adversities confronting emerging economies (OECD, 2012; AfDB, 2013). This trade-off between growth and well-being of the people as noted by; Ali and Son (2007a), Anand, Tulin and Kumar (2014), and Berg and Ostry (2017), suggests a possible positive relationship between sustainable growth and well-being (health and education) of the people in form of IG. Along this view, it is argued that economic growth and diversification of an economy beyond GDP growth determine its IG strategy (Ali and Son, 2007a; Nabli and Arezki, 2012; Raheem, Isah and Adedeji, 2018). This highlights the need for regular evaluation of country's IG strategies at different stages, for such evaluation would help in measuring and guiding the efficiency in achieving the well-being of the people in terms of poverty and unemployment reduction (Moyib, Ojo and Ayodele, 2017).

Recently, the impact of IG in terms of poverty and unemployment reduction among the workforce in emerging economies has assumed a renewed significance in the extant literature. The key issue underpinning the burgeoning literature of IG is that there is no consensus[4] on the determinants, strategies and measures of IG as it is country's specific (Ali and Son, 2007a; Ranieri and Ramos, 2013a; Vellala, Madala and Chattopadhyay, 2014). So, the rationale for this research, amongst other things, is to complement the evolving literature by investigating the effect of various IG strategies for the specific case study in Nigeria.

The situation in a country like Nigeria, whose major source of revenue generation is oil, requires the need to pay more attention to IG in terms of poverty and unemployment reduction. For instance, Nigeria has sustained an average annual growth of 7.5% GDP over a decade, became the 21st largest economy in the world, and the fasted growing economy in Africa: But still records high rates of unemployment and poverty, illiteracy and poor health. According to the world standard, the rate of poverty and unemployment has been rapidly rising from 21% and 29.1% respectively

[4] The inability of "inclusive growth" to have a clear-cut definition might be as a result of the fact that the concept has no theoretical foundation, and to a major extent, it is also country specific, (Addison and Nino-Zarazua, 2012).

in 2000 to 35% and 33.7% in 2014 to 36% and 35.2% in 2016 to 40.1% and 43.1% in 2019 (World Bank, 2014; Oladeji, 2014; IMF, 2018; Varrella, 2020; National Bureau of Statistics, 2018). The implication may possibly indicate that the growth of the economy does not solve socioeconomic problems such as poverty and unemployment and as such not inclusive. Consequently, it could be inferred that the growth does not allow all economic agents to contribute their quota in the growth process and as well benefit from the outcome of the growth. Hence, rapid increase in the rate of poverty and unemployment in the country.

Along this view, extant studies maintain that Nigeria's spectacular economic growth performance rather than serve as beacon of hope to boon development, in despair is often characterised as a curse (Sachs, 2004a; Frankel, 2012; Stiglitz et al., 2013). In the beautiful but ironical words of the international communities, Nigeria is described as "poverty in the midst of plenty" and placed among the lower income economies in the world economic rating (Samans et al., 2015). The workforce and communities bear the blunts of it. Based on this, evolving literature on IG in Nigeria forcefully argue that the reason for non-inclusiveness of growth in its economy is that Nigeria has a chequered history of corrupt government and leadership practices, who have limitations in formulating programmes and policies of IG thereby leaving out the poor masses (Kolawole, 2016; Mesagan and Dauda, 2016; Folawewo and Adedokun, 2017; Oluseye and Gabriel, 2017).

But recently Nigeria's IG presents an interesting study as a concerted effort has been intensified from one government to another to mitigate against negative impact of poverty and unemployment by boldly investing on IG strategies. This implementation started in Nigeria when the emphasis shifted from economic growth to placing poverty and unemployment reduction at the centre of its national development plans (Kumah and Mathew Sandy, 2013; Oladeji, 2014; IMF, 2018). Since then, IG implementation in terms of poverty and unemployment reduction in Nigeria has further developed and attracted diverse supports of international communities, public and private sectors, NGOs and Charity Organisations. For instance, IG targeting job creation for unemployment and poverty reduction has erupted in establishment of many agencies, such as: the subsidy reinvestment programmes (SUREP), the national poverty eradication programmes (NAPEP), the agricultural transformation agenda (ATA), the small and medium enterprises development agency (SMEDA), the National Council for Academic Assessment and Accreditation (NCAAA), care of the poor programmes (COPP), the universal basic education programmes (UBEP), the UNESCO's education for all global monitoring programmes, the national strategic health development plan (NSHDP), community based health insurance scheme (CHIS), the maternal and child health care programmes, health fee waiver for children under five and pregnant women, Catholic agency for overseas development (CAFOD)[5], the United nations millennium development goals acceleration framework (UNMAF), Fadama programmes and co-operative societies. All these establishments are parts of the wider movement for IG in the country which indicates that investments on health and

[5] The Agency through which Catholic Church (whose mission is "cum passio"- "to suffer with"- the disadvantaged) joins the International community to start making a difference in developing countries.

education are likely strategy that can ensure IG in Nigeria (Manafi and Marinescu, 2013; Böhm, Grossmann and Steger, 2015; Campbell, 2017).

The reason for identifying health and education as likely mechanisms for IG is because of the prominence they retained among the nine objectives of MDGs, SDG and the advocacy of some agencies like UNESCO, OECD, UNDP and WHO to improve the quality-of-service delivery on these sectors through allocation of government expenditure. The claim of these agencies gives the impression that these IG strategies suggest a positive relationship between IG in terms of poverty and unemployment reduction with health and educational deliveries. Therefore, it can be argued that health and educational deliveries may be regarded as the likely and efficient mechanisms to enhance IG in Nigeria (Kakwani and Pernia, 2000; Ravallion, 2004; Igbuzor, 2006a; Ali and Son, 2007a; Ranieri and Ramos, 2013a; Anyanwu, 2013b; Tella and Alimi, 2016). The overarching question seems to be, what is the impact of these strategies in Nigeria with reference to rural communities? The answer to this question establishes the need to investigate the performance of IG in terms of poverty and unemployment reduction through access to health and educational services in Nigeria, particularly rural communities.

However, it is interesting to note that with implementation of the aforementioned IG strategies, Nigeria recorded a significant improvement in the incidences of poverty[6]and unemployment. But it still appears that one of the nation's biggest challenges is high prevalence of poverty, unemployment rate and job creation (Central Bank of Nigeria, 2000, 2011). What is disturbing is that the situation has become complex and a daunting task for the government, this is why solution to the problems of poverty and unemployment have not been forthcoming on a wider scale (Adejuwon and Tijani, 2012). In addition, given Nigeria's challenges of poor leadership, high corruption level, inadequate data base and inconsistent policies, its government instead of facing the facts as they are, often display some growth indices that may detract from the existing realities as reflected in the socioeconomic lives of the people (Central Bank of Nigeria, 2000). For instance, available evidence from recent survey in Nigeria appears to inform that poverty as a result of unemployment is deep and pervasive that over 140 million Nigerian population are currently unemployed and live below poverty line of one dollar per day (Kalu and Nenbee, 2013). A more disturbing issue is that poverty and unemployment situation is worsening with regional and sectoral disparity which may be associated with increasing deterioration of health and educational services, which are quickly losing their potency to impact poverty and unemployment reduction (Kanayo, 2014; Oladeji, 2014).

What is more neglecting is the statistical evidence that poverty and unemployment are worse-off in the rural areas than urban cities of Nigeria (Central Bank of Nigeria, 2000, 2011; Babatunde and Adefabi, 2005). This is why scholars have argued that the rate in urban cities of Nigeria is rapidly increasing, which may possibly be connected with upsurge of rural-urban migration in search of job opportunities and income for a better

[6] The poverty growth discussion has been an age long debate which this research study does not intend to join into but tries to investigate how this discussion could lead to inclusive growth.

living. (Kanayo, 2014; Oladeji, 2014). The situation indicates that the culprit for this is a lack of appropriate policies for sustainable unemployment and poverty reduction in Nigeria. In line with this view, a claim that poverty and unemployment reduction in form of sustainable IG may perform well if non-inclusiveness of growth in the country is addressed from the community settings becomes imperative. ("nipping non-inclusiveness of growth in the bud"). Thus, this research becomes pertinent: An Assessment of Inclusive Growth Mechanisms in Nigeria: A Case study of Nanka Community.

Along this view, it is important to note that the motivation for this research is borne out of my experience as a community worker in Nigeria, where the consequences of policy failures and unsustainable policies directly and negatively affecting the poor and unemployed in the Nanka community, Nigeria. This is informed by the failure of such policies to pull the people particularly the workforce out of poverty and unemployment situations, or even to provide a route for the people through health and educational deliveries. As such, these communities seem to be forgotten in terms of opportunities of growth outcome and process, remain in a long-term deprivation[7] of well-being, both political and human rights, there, unemployment is increasingly high, poverty is almost dynastic and recycling along generational trends, life expectancy is short, mortality rate is rapidly increasing, illiteracy is prevalent and criminal activities are enthroned.

The fragmented type of growth in these communities highlights the crucial need to have a deeper understanding of the problem and the right mix to solution, and I believe that IG a commonly used measure in this type of situation may hold some answers to lifting people out of poverty and unemployment but may need further enhancement to be successful. Hence, as a call for newer perspective, this study therefore proposes to assess IG through access to health and educational service performances within the workforce in Orumba communities.

To the best of my knowledge, this is the first study that adopts a holistic approach to assess multi-dimensionality of IG implementation in terms of poverty and unemployment reduction through access to health and educational service deliveries in Nigeria, particularly communities. However, it is only a smaller number of IG studies are interested in investigating the effective mechanism to regulate and guide IG decisions in Nigeria (Kolawole, 2016; Mesagan and Dauda, 2016; Oluseye and Gabriel, 2017; Raheem, Isah and Adedeji, 2018). Some IG studies from other emerging economies whose findings appear; fragmented, disjointed and inconclusive; either narrowly studied the uni-dimensionality of IG in terms of poverty reduction (Kakwani and Pernia, 2000; Ali and Son, 2007a; Ali and Zhuang, 2007; Ogujiuba and Alehile, 2011; Folawewo and Adedokun, 2017). Or used mechanisms other than health and education to regulate and guide the implementation of IG policies and programmes (Verner, 2004; Tilak, 2007a; Anyanwu, 2013a; Tella and Alimi, 2016; Udoh and

[7] The case of total deprivation is not inferred here, but a situation where government performs it duties to the citizens (the unemployed and Poor), which either done with sub-standard infrastructural facilities or the project would never be completed or even a hard to complete project, in this case, the citizens cannot make good use of or have good access to quality facilities.

Ayara, 2017; Folawewo and Adedokun, 2017). Extant literature argue against the use of uni-dimensionality of IG implementation in terms of poverty reduction alone on the ground that first, there can be no sustainable poverty reduction without unemployment reduction, and secondly, the aggregation of IG into a uni-dimensional form may blur the nature of the exact effect of health and education on each category of IG contained in the index (Klasen, 2010; Ranieri and Ramos, 2013b; Anand, Mishra and Peiris, 2013; Vellala, Madala and Chattopadhyay, 2014; Raheem, Isah and Adedeji, 2018).

Therefore, this present research aims to fill these gaps by assessing the effects of different IG mechanisms, like access to health and educational services on IG implementations in Nigerian economy. I equally adopted a holistic approach which is likely to be more appropriate to yield a better understanding of the problem given that most studies on IG explored only one approach in their work. Consistent with some growing literature in developed economies, which argue against the use a specific variable as against the IG indices to measure IG implementations like Klasen (2010), Ranieri and Ramos (2013b), Anand, Mishra and Peiris (2013), Vella, Madala and Chattopadhyay (2014) and Raheem, Isah and Adedeji (2018), this dissertation deconstructs IG in Nigeria into two categories – Poverty and unemployment reduction to extend the works of Ali and Son (2007a; b) beyond just poverty reduction alone. The reason is that poverty reduction is unlikely to be sustainable without unemployment reduction. This will enable this research to adequately assess the effects of different IG mechanisms – access to health and education on these categories of IG implementation - poverty and unemployment reduction in Orumba communities of Nigeria.

1.4 Research Aim and Objectives

1.4.1 Aim

The aim of this study is to assess the extent of IG practices through the mechanisms of access to healthcare and educational delivery services in a sample (Nanka community) of Orumba communities of Nigeria. In addition, to examine what should be improved upon to increase more access to healthcare and educational delivery system to impact IG in Orumba communities.

This research is important for number reasons:

First, it is explicitly or implicitly contemplated that rapid increase in the rate of poverty and unemployment in form of non-inclusiveness of growth in Nigeria is associated with upsurge of rural-urban migration in search of job opportunities and income for a better living. This indicates that poverty and unemployment situations originate from the rural communities, and it is argued that the approach to address them will perform better if it begins from community settings. (“nipping non-inclusiveness of growth in the bud”). Second, rural communities have huge latent potentials, therefore these need to be harnessed, relevant successful IG strategic characteristics will be transferred to similar developing economies that embark on IG strategies. Third, confusion in the IG body of knowledge results in contradicting findings, leading to ambiguity as to what appropriate IG strategies to adopt in order to thrive and survive. Fourth, the

communities are at the centre of Anambra State in South-eastern part of Nigeria where the current agitations for a new republic of Biafra as a result of marginalisation is intensified.

The choice of a sample of Nanka community amongst Orumba communities as a case study is informed by (1) Nanka community is a key hub of the wider Orumba communities and shares similar economic, political and social characteristics of the region. (2) The reality on the ground and through personal experience show that their trend of poverty and unemployment prevalence is similar with the entire Orumba communities, and (3) on the basis of convenience, it is a huge advantage that this researcher was born and bred from this community. Therefore, this research is relevant to policymakers (Nigerian government), organisations and by extension emerging economies that embark on IG strategies.

1.4.2 Objectives

The specific objectives of the research are:

1. To assess the extent of inclusive growth practices in terms of poverty and unemployment reductions through access to healthcare and educational delivery systems in Nanka, Nigeria.
2. To ascertain the capacities in achieving inclusive growth in terms of poverty and unemployment reductions through access to healthcare and educational delivery systems in Nanka, Nigeria.
3. To review the resources in achieving inclusive growth in terms of poverty and unemployment reductions through access to healthcare and educational delivery systems in Nanka, Nigeria.
4. To evaluate the operational approaches in achieving inclusive growth in terms of poverty and unemployment reductions through access to healthcare and educational delivery systems in Nanka, Nigeria.
5. To identify the key challenges in achieving inclusive growth in terms of poverty and unemployment reductions through access to healthcare and educational delivery systems in Nanka, Nigeria.
6. To investigate on what to improve upon to increase access to healthcare and educational delivery systems for inclusive growth in terms of poverty and unemployment reductions in Nanka, Nigeria.
7. To propose the implications of the research findings for enhancement of inclusive growth through increasing access to healthcare and educational delivery systems in Nanka, Nigeria.

1.5 Research Questions

1. What is the extent of inclusive growth practices in terms of poverty and unemployment reductions through access to healthcare and educational delivery systems in Nanka community Nigeria?
2. What are the capacities in achieving inclusive growth in terms of poverty and unemployment reductions through access to healthcare and educational delivery systems in Nanka community Nigeria?
3. What are the resources in achieving inclusive growth in terms of poverty and unemployment reductions through access to healthcare and educational delivery systems in Nanka community Nigeria?
4. What are the operational approaches in achieving inclusive growth in terms of poverty and unemployment reductions through access to healthcare and educational delivery systems in Nanka community Nigeria?
5. What are the key challenges in achieving inclusive growth in terms of poverty and unemployment reductions through access to healthcare and educational delivery systems in Nanka community Nigeria?
6. What is the possibility of achieving an improved inclusive growth in terms of poverty and unemployment reductions through increasing access to healthcare and educational delivery systems in Nanka community Nigeria?
7. What are the implications of research findings for the enhancement of inclusive growth in terms of poverty and unemployment reductions through increasing access to healthcare and educational delivery systems in Nanka community Nigeria?

1.6 Brief Research Methodology

This study is particularly unique in its assessment of inclusive growth mechanisms in Nigeria. The research procedure begins with a critique of the relevant literature from developed and developing economies on Inclusive growth theory. These play a key role in the issues of, model specifications, definition, and IG performance and mechanisms of IG implementation in Nigeria. This aims at unearthing the key issues of controversies and inconsistencies in the earlier studies as they may ensure a better understanding of IG implementation mechanisms in relation to health and educational services in Nigeria, particularly communities.

Furthermore, the various dimensional measures of IG implementations – uni-dimensional vs multi-dimensional measures are analysed. This is necessary because prior studies report conflicting and mixed findings in IG implementation which further provides a direction to the dimensions of IG implementations investigated in this research with reference to Nigeria. Thus, this study explores IG performance in relation to access health and educational services to seek for an answer to the question why high rate of poverty and unemployment in Nigeria, particularly communities.

As a departure from different research paradigms explored in the previous studies whose weaknesses are adduced as part of the conflicting results, this research utilised a mixed method approach. For instance, in quantitative methods biases as a result of wrong applications and interpretations from researcher, can be a key weakness and can bias the results (Creswell and Plano Clark, 2011). While the generalisation problem often associated with qualitative results coming from participants limitations, is the weakness of qualitative method (Silverman, 2002; Creswell, 2002). Therefore, as a result of the weaknesses in the use of these individual methods and in order to get to the depth and width of the problem, and the complexities involved in Nigeria's situation guided the choice of adopting a mixed method as an approach that may likely perform well in this research. The reason is that a mixed method allows for an examination of the multiplicity of meanings, practices and representations of IG through health and educational services in those communities (Smith, 2001). Triangulation of quantitative and qualitative methods is also necessary/beneficial to reduce inherent weaknesses each has individually (Fielding, 2010).

As in Dawes, (1999) and Oniku, (2018) semi-structured interviews and Likert-scale questionnaire were explored for data collections, using probability and non-probability sampling technique respectively within the workforce in Nanka community. This is to enable a researcher to collect the most suitable data necessary for both qualitative and quantitative aspects of the research required for mixed methods aiming at robustness and rigour (Greene, 2006). More so, ethical issues during data collections were considered important and appropriate measures were taken in line with the accepted academic practice.

Finally, the objectives of this study were achieved, and research questions answered through the analysis of data collected for this research using descriptive statistics. The data analysis was undertaken utilising the statistical package for Social Science (SPSS 23) software.

1.7 Structure of the Thesis

The Thesis structure is as follows:

Chapter 1 gives a layout of the study process, starting with the general background to research given the nature of Nigeria's environment, economic, political, cultural and social factors within the country. It details the statement of the problem under investigation, delineates the research questions, aims and objectives of the research work. The chapter concludes with justification for IG study and basic research methods.

Chapter 2 deals with the evolutionary trends in the concept of inclusive growth, review of relevant literature on various perspectives and conceptualisations of the concept by different IG schools of thought, specifying IG issues viz definition, measurement, theoretical models, different dimensions of IG implementations and links, and effects of health and educational variables on IG. This chapter also gives an overview of IG implementations through health and education in the developed economies.

Chapter 3 presents IG practices and mechanisms in the Nigerian economy, review of relevant literature on IG implementation in Nigeria's economy with special treatment of the IG dimensions and links, including poverty rate, unemployment level and human capital development such as, health and education accessibility. This chapter concludes with an overview of plans set out to achieve IG – poverty and unemployment reduction.

Chapter 4 focuses on the fitting of the conceptual framework model of IG upon which this research hinges in the Nigerian context, exploring the varied definitions, measurements, conceptualisations of IG construct, emphasising identified variables as building blocks of Nigeria IG and their linkages such as, poverty and unemployment reduction links, access to good health and quality education links. This chapter also concludes with the adaptation of theoretical functional models with the identified IG dimensions and links in terms of the effects of access to health and educational services on poverty and unemployment reduction and its implementations in Nigeria.

Chapter 5 outlines the study methodological framework adopted for this research, discusses the philosophical debates, specifies clearly with justifications the researcher's ontological and epistemological assumptions. It also highlights the reason why concurrent parallel mixed methods design is chosen as the major framework for this study, describes the survey instruments design and development in relation to Nigeria's situation, particularly communities.

Chapter 6 concentrates on data presentation issues and analyses of empirical results of the effects of IG mechanisms (access to health and educational services) on two dimensions of IG implementations (poverty and unemployment reduction). This chapter also presents a detailed discussion of the tables of the empirical findings and descriptive statistics of the effects and linkages of all the IG variables under investigations.

Chapter 7 presents the general discussion based on the result of data analyses obtained in chapter 6. In this chapter, qualitative results and quantitative findings are mixed in an extensive discussion of the results of the empirical and descriptive analyses designed to answer research questions. To this effect, the aim and objective of this research are achieved.

Chapter 8 gives the summary of major findings of this research, its contributions to knowledge and through them I propose some policy recommendations and possible implementation. To this end, gaps for future studies in this area are suggested and followed by conclusions.

CHAPTER 2
EVOLUTIONARY TRENDS IN IG MECHANISMS AND ASSESSMENTS

2.1 Introduction

This section presents an overview of the evolutionary trends of the various conceptualisations of IG practices. It involves a discussion of the various debates in economics in an attempt to use IG practices as strategic means of achieving efficiency and well-being of the people embedded in a sustainable economic growth. In exploring various definitional constructs and views according to extant literature, this work will largely deliberate on the conceptualisations of IG proffered by the prominent proponents of the multidimensional constructs of IG practices (Vellala, Madala and Chattopadhyay, 2014).

Since IG and its mechanisms of transmission are so crucial to our study, I elaborate on assessment of the IG mechanisms in general in this chapter, and Nigerian context in the following chapter. This study explores how IG practices are structured through the strategic deployment of good IG mechanisms. It may alternatively contradict the traditional GDP measures of economic growth and impact inclusiveness of both the 'outcomes and process of growth', in all sectors of the economy in a country (Senhadji, 2000; OECD, 2006; AfDB, 2013).

2.2 Background to Inclusive Growth Practices

Inclusive growth practices and the complexities of the world economics have created exigencies which make it more urgent than ever and have been embedded in the discussions on the issues of sustainable development. It is a concept that is: Dynamic, complex and multidimensional (Oladeji, 2014). Evolving as a guide in IG decisions (Bos and Gupta, 2016). Policy Making (Pouw and Gupta, 2017). Influential sustainable development goals (SDG) by the General Assembly of the United Nations General Assembly (UNGA, 2015)[8]. An opportunity for trade-offs (CSD, 2005).

Experience has shown that to avert any room for trade-offs between economic, social and ecological aspects and between present and future generations, there should be a strong sustainable development. To achieve this 'vested interests' that conflict with achieving strong sustainable development should be challenged (Spence, 2008). As a consequence, this leads to a series of show down and tug of wars among the social

[8] The draft resolution which was referred for the adoption of the United Nations summit for the post-2015 agenda for development through the General Assembly at its sixty-ninth session. UN Doc. A/70/L. 1 of 18 September.

wellbeing scholars, neoliberal capitalists and environmentalist's schools of thoughts in interpreting sustainable development towards their own formulation of trade-off to reflect their own interest (Fritz and Koch, 2014; Gupta, Pouw and Ros-Tonen, 2015).

To this end, when the neo-liberalism and laissez-faire are assigned with more economic and political weight, the implementation and interpretation of sustainable development lean more towards growth which is championed by the market whose consequence is often unsustainable economic growth that would translate on the people in various forms of marginalization (Fritz and Koch, 2014).

As against this background, to impact a sustainable development to reflect in people's lives different concepts emerged according to the interest of the scholars and policy makers. The central thesis informing this concern is that when policymakers choose the concept 'inclusive development' it means a situation where development is broader than growth and probably may mean a steady state (Chatterjee, 2005). On the contrary, when they choose the term 'inclusive growth' the policy is focused towards both increasing growth or opportunity and equity sharing of growth benefits through income and employment opportunities, including redistributive mechanisms (Sachs, 2004b; a; Ali and Son, 2007a; Afzal et al., 2010). While, if the concept 'inclusive wealth' is chosen, this builds on the argument that investment in growth may come at the cost of wealth, and thereby focuses less on the flow of income to reproducible stocks in society (U. N. General Assembly, 2015). Hence, the origin of the three dimensions and concepts of sustainable development (Gupta, Pouw and Ros-Tonen, 2015).

Along these views of three prongs of sustainable development, analogous to each other are inclusive growth and inclusive development. Both originated from the social justice scholarly papers of Ali and Son (2007a), and Chambers[9] (1997) on social movements and economic growth which rooted in participation human rights, wellbeing of the people, social demands of the marginalized community and people (Ballard et al., 2005; UNDP, 2005; WHO and ILO, 2010). In line with these views, some scholars interpret these concepts in sustainable development whether inclusive development or inclusive growth as a measure of helping the poor in a patronizing manner, while others argue that the concepts have more to do with empowering the poor through human rights, like, creating equal opportunities, enhancing growth process and ensuring redistributive justice (Fuentes-Nieva and Galasso, 2014).

Overall, the only sharp divergence that cuts across the two similar concepts of sustainable development is that while; 'Inclusive development' focuses on social, rational and environmental inclusiveness and defines development in terms of ecological enhancement and social wellbeing of the people especially in the context of Anthropocene: 'Inclusive growth' is about social, economic and growth inclusiveness

[9]This seminal book by Robert Chambers inaugurated a great debate in development studies as well as examples on how 'voices of the voiceless/poor' can be included the development. This serves as a beginning point of engendering new understanding of poverty and its underlying causes, rather than the end point. More so, it provoked massive follow-up by development practitioners and researchers by adopting more participatory approaches in poverty programme and research intervention.

(Adger, 2000; Mendelsohn, Dinar and Williams, 2006; Davis, D'Odorico and Rulli, 2014; Pouw and McGregor, 2014; Bos and Gupta, 2016)[10]. It defines growth as enhancing economic opportunities through participation in the economic growth process and equity benefit sharing of the outcomes of the growth across all sectors of the country (Elena and Sushana, 2010; Gupta, Pouw and Ros-Tonen, 2015; McGregor and Pouw, 2017).

Pouw and Gupta (2014) note that the underlying arguments on sustainable development evolving either as inclusive growth or inclusive development, is that even though their goals ultimately aim at addressing socio-economic and socio-ecological issues respectively, but to actually achieve those goals would be through the measures of conservative economic framework, which however may give prominence to efficiency at the cost of inclusiveness. Thus, to achieve this conservative economic framework construct has prompted some multilateral institutions and literature to advocate for a pro-poor perspective of growth. Pro-poor growth emphasises on the market participation like creating jobs for the poor and efficiency in economic growth processes through the active role of institutions and policies. Pro-poor growth further builds upon an economic paradigm that assigns more weight to the poor than the non-poor in its growth model (Kakwani and Pernia, 2000; Ravallion and Chen, 2003; Kakwani et al., 2003; Ali, 2007c; Ali and Zhuang, 2007). It is this argument that eventually generated interest into IG (Ravallion, 2004). However, for the purpose of this study, this work explores, elaborates and builds on the tenets of IG to argue for possible and meaningful impact of sustainable economic growth for the wellbeing of different income groups in the country.

2.3 Paradigm Shift from Pro-Poor Growth to Evolution of Inclusive Growth

The terminus aquo and the terminus ad quem of IG in development economics debates are rooted in socio-economic issues, such as, poverty, unemployment reduction by enhancing economic opportunities through participation in growth process and equity benefit sharing of outcomes of growth across all sectors of economy (Elena and Sushana, 2010; Ali, 2007c; Gupta, Pouw and Ros-Tonen, 2015; McGregor and Pouw, 2017). This discussion on poverty and unemployment reduction which started with the concept of Pro-poor growth has witnessed a paradigm shift from PPG to IG (Pouw and Gupta, 2017).

Thus, IG came to limelight as a response to the trade-off experience of inequitable distribution of outcomes and opportunities of economic growth among the developing

[10] This article assesses the complex interactions between ecological and social resilience. Even though, it is argued that the two concepts are inter-connected, particularly in resource dependent communities and livelihoods, it has been found that ecological resilience is not a guarantee for social resilience. For instance, is a case on the examination of the impacts of ecological change on a resource-dependent coastal community in Vietnam, the result findings reveal that social resilience is difficult to be assessed but remains a key question in framing resource management questions in the future.

countries which often result to imbalanced and lopsided development (Kakwani et al., 2003; Ali and Zhuang, 2007; Rauniyar and Kanbur, 2010a). In this connection, development models and programmes evolved over time and prompted the two competing perspectives of both the Western development economics and the central planning, which were as a result of ideological cold war that existed between capitalism and communalism (Rauniyar and Kanbur, 2010b).

Along this view, it is inferred that these development models and policies on the relationship between poverty, growth and inequality find origin in Solow's (1956) and Kuznet's (1955) models. It is further noted that the drive for this development models gave rise to the rivalry between the Keynesian state intervention policy and the free market system proposed by the monetarists (Vellala, Madala and Chattopadhyay, 2014). This implies that since economic growth is linked in an input-output nexus with different income groups within the population, it means that economic growth can extend beyond mere growth efficiency and maximization of GDP as measures to a growth that is inclusive in nature (Rauniyar and Kanbur, 2010 cited in ADB, 2013). In line with this view and to broaden the horizon of economic growth inclusiveness to benefit the wider group in the spectrum of the neo-classical economists and the monetarists, the periods from mid 1970s to late 1980s witnessed a trickle-down hypothesis theory within development policy. Thus, the emergence of the TDH evolved as a feedback of policy deliberations and debates in the Washington Consensus (WC) and serve as a model for including both the poor and non-poor in the growth of economy (Vellala, Madala and Chattopadhyay, 2014).

Consequent upon the failure of Washington Consensus in the early 1990s, the pressure and persuasion of institutional economies influenced the World Bank and IMF to address the problem of poverty, unemployment and inequality among the underdeveloped and developing economies through PPG (Vellala, Madala and Chattopadhyay, 2013; Tella and Alimi, 2016). Thus, was the origin of PPG which appeared in the global policy debate as evidently witnessed in the international commitment to the MDGs (U. N. General Assembly, 2015, p.20).

2.3.1 Nexus Between Pro-Poor Growth and Trickle-Down Hypothesis

The awaken interest and campaign on poverty, inequality and unemployment reduction as the key development issues have given rise to a yearning concern in the concept of 'pro-poor' growth (Spence, 2008; Asian Development Bank, 2013; IMF, 2019; Jāhāna, 2015). The existential debate on this concept borders on what does this issue mean and how does it work (Kakwani et al., 2003; Ranieri and Ramos, 2013b).

Etymologically, the word Pro-poor is a combination of two different words 'pro' meaning in favour of, advantage for, and 'Poor' means, not good, being of a very low quality, quantity, or standard. Therefore, in the coinage of the terms Pro-poor growth, we talk of the growth that is in favour of the poor or those that are less well off in socio-economic activities of the country (Oyeranti and Olayiwola, 2005; Ali and Son, 2007a; Vellala, Madala and Chattopadhyay, 2014).

Moura (1978) notes that the discussion around the concept of pro-poor growth originated around 1950 and gained momentum in the World Bank's Growth Redistribution. According to Vellala, Madala and Chattopadhyay (2014), the invention of the concept of pro-poor growth at the time was ad rem as it fostered the process of tackling poverty reduction in the developing and underdeveloped countries. The reason is that for decades, a spectacular economic growth experienced in most of the developing countries is contrasted by rapid increase in their rate of poverty, unemployment and inequality situations and negatively affecting the lives of the people, particularly widening the gap between the poor and non-poor (Oluseye and Gabriel, 2017; Folawewo and Adedokun, 2017; Raheem, Isah and Adedeji, 2018).

Hence Ali and Son (2007b) and Kakwani and Son (2008), argue that in order to reduce the gap between the poor and non-poor and to ensure equal access to opportunities for all income groups in a country: It requires programmes that are deliberately biased in favour of the poor, to enable them to benefit from the opportunities proportionally more than the rich. Thus, the origin of the pro-poor concept of growth. A similar view was expounded by Asian Development Bank (1999), who maintains that growth is pro-poor if it is accompanied by programmes and policies that are associated with labour absorbing, mitigation of inequalities, fostering of income and employment generation for the poor and excluded groups. Thus, pro-poor growth serves as a means of improving human well-being through poverty reduction (Ali and Son, 2007a). Along this view, Sen (1988) conceptualized well-being in terms of functioning and capabilities, which in his own ideas, functioning is an 'achievement' that is concerned with what life people actually live, while capacity is the 'ability' which is directly related to the freedom people have in their choice of life or functioning to achieve. In this connection, pro-poor growth is seen as one that ensures the active participation of the poor, who would significantly benefit from growth opportunities, more than the non-poor.

At this juncture, it is important to note that PPG is championed by evolutionary development in 'Trickle-down hypothesis' (TDH), which was a development strategy that dominated development policies between 1950s and 1960s. TDH is a vertical flow that naturally takes place from the rich to the poor (Kakwani and Son, 2008). This implies that benefits of economic growth first move to the rich, and secondly to the poor who would now start to benefit when the rich begin to spend their gains. It means that in TDH the poor only indirectly benefit from the economic growth through the vertical downwards flow from the rich, and through this structure reduction in poverty will take place as growth increases even when the poor receive only a small fraction of total benefits. As against this view, Bhagwati (1988), Dollar and Kraay (2002) define TDH as 'immiserizing growth' and succinctly argue that the corresponding benefit of the growth accruable to the poor would always be less comparable to the rich and will increase inequality gap. Similarly, as in Ali and Son (2007a) and Ali and Zhuang (2007) if poverty and inequality increasingly and rapidly rise, it can by-pass the poor and impede growth itself as increased poverty and inequality would stimulate macro-economic instability.

As a result, to foster growth particularly for the poor, as in Kakwani and Pernia (2000) the campaign for PPG propositions appear in the global debate of economic

development as a likely strategy to tackle poverty, unemployment and inequality become imperative. To buttress this fact, they remarkably opine that PPG can be seen as a situation where the incomes of the poor grow faster than the incomes of the non-poor, and in this case, poverty is reduced faster than it could if all incomes had grown at the same rate. Contrary to this view, Ravallion (2001) suggests the need to rather focus more on the absolute improvement of the living standards of the poor, despite the changes in poverty, unemployment and inequality. As an example, he cited a typical example of pro-poor implication of growth in China, which reduced absolute poverty despite the widening gap of inequality in the country (McKinley, 2010.

Based on this fact, Ravallion (2001) criticized Kakwani and Pernia (2000) on the alleged inconsistency of his definition of PPG, and accentuated that growth enhancing policies should benefit the poor and as well as everyone in the society equitably and proportionately. Thus, an attempt to mediate the disagreement between these scholars yielded to a two conflicting views of pro-poor growth: viz relative and absolute pro-poor. On the relative perspective, it is a situation by which it is expected that the income of the poor would grow faster than those of the nonpoor, or in a weak sense; of average income (Kakwani and Pernia, 2000). While in the absolute sense, it is a situation that requires an absolute improvement of the living standards of the poor irrespective of the changes in poverty and inequality as the economy grows (Ravallion, 2001).

However, the prominence of PPG as against TDE is predicated on the fact that PPG is more broad-based and uplifting than trickle-down. For instance, in PPG, no child should be left to die prematurely, everybody must be adequately nourished and everyone ought to enjoy long and satisfying lives (Ravallion, 2010). These equally include removal of both institutional and policy-induced biases against the poor such as, discriminations or creation of artificial barriers on grounds of entry into certain trade relationships, labour markets, access to health, education, credit and a well administered progressive tax system (Krueger, 1974; Ravallion, 2001; McKinley, 2009).

Overall, the logical consequence of the two competing views on PPG is in the mediating role captured in the view that growth is pro-poor if it reduces inequality, poverty and enhances the income share of the poor (De Haan and Thorat, 2013). Therefore the interconnectedness of all the views on the meaning of PPG in the midst of obvious socioeconomic trade-offs has necessitated the need for a more broad based growth that is inclusive, sustainable and can ensure the poor get benefits of the growth, and participate in the growth process itself (Vellala, Madala and Chattopadhyay, 2014). This growth will enhance both the equity benefit sharing of the outcomes of growth and the participation in the growth process itself. Thus, Asian development Bank, World Bank and International Labour Organisation explore the use of 'pro-poor perspective' to advocate for IG (Bank, 2009; Anand, Tulin and Kumar, 2014). Hence, the paradigm shifts from pro-poor hypothesis to IG proposition.

2.3.2 Evolution of the Inclusive Growth Conceptualization

Over two decades now, inclusive growth as a concept has been integrated into the development literature and policymaking, which however becomes a sine qua non in any deliberations that concern with the improving the living standard of emerging economies (Anyanwu, 1997; Ali and Son, 2007a; Anand, Tulin and Kumar, 2014). Although the concept is largely used in literature, but it still lacks a consensual meaning (Ranieri and Ramos, 2013a). The underpinning factor informing this concern is premised on the fact that IG evolves in diverse conceptualizations, though with shared intuition that it refers to improvement of life without discrimination. Ranieri and Ramos (2013a) remark that even though the term IG is still an elusive, but it elucidates an insight into its discernible key features that give allusion to the possible pathway in specifying its meaning. According to Vellala, Madala and Chattopadhyay (2014), IG is intimately related to PPG but more broad-based in its conceptualization.

The assumption re-enforcing this concern is the traditional view on growth and development episodes, championed by Kakwani and Pernia (2000) who adopted the concept of IG to highlight the contents of PPG, such as enabling the poor to benefit and participate both in growth outcomes and process respectively. In the same vein, it is argued that the distinction between PPG and IG is that the former focuses on the people living below the poverty level, while the latter is more embracing as it prefers growth to benefit all stripes of the society including the rich, the middle income group, the near poor and the poor (Klasen, 2010). It is apparent that the drive for IG is for inequality and poverty reduction, but in its broader conceptualization it is the growth that reduces the disadvantages of the most disadvantaged while benefitting everyone (Rauniyar and Kanbur, 2010a; Ngepah, 2017; Raheem, Isah and Adedeji, 2018). It can be inferred that IG is a process and a necessary condition for achieving wider objectives in long-run development (Ravallion, 2010; Asian Development Bank, 2013; Raheem, Isah and Adedeji, 2018).

This drive for long-run development capturing a growth, which significantly reduces poverty and promotes wellbeing of the people underline the importance attached to IG (Habito, 2009; Elena and Sushana, 2010; Klasen, 2010; Vellala, Madala and Chattopadhyay, 2014). In addition, IG promotes the well-being of the people by ensuring that the growth opportunities created in the growth process are available for all groups to benefit from and contribute to its growth process (Ali, 2007c). A similar view was expounded by the Asian Development Bank (Asian Development Bank, 2013) who conceives IG as economic growth which: Creates broader access to socio-economic opportunities for a wider number of countries, regions and people; whilst protecting the vulnerable; in the atmosphere of equal justice, fairness and political plurality. In the same understanding, Ali and Son (2007a), and Raheem et al. (2018) suggest that IG intends to solve both developmental and socioeconomic problems such as poverty and unemployment. Thus, IG has evolved into a driving paradigm for existential problems of poverty and unemployment reduction discourse as explored in the subsequent chapters.

2.4 Various Perspectives in Inclusive Growth Conceptualizations

An alternative growth framework to PPG which perceives a sustainable growth as operating with a majority than a sector of a population is IG with a complex interconnectedness of several factors (Vellala, Madala and Chattopadhyay, 2014). In the late 1990s and early 2000 IG was conceptualised in development literature in various forms, such as, Woolcock, Easterly and Ritzen (2000), for social cohesion and Porter and Craig (2004) for inclusive neo-liberalism. Up until late 2000 and 2010 onwards witnessed the emergence of IG in the debates on the role of sustainable development and the interplay with its social-economic settings such as poverty and unemployment reduction.

The complexities involved in IG conceptualisation is as a result of an attempt to capture the two conflicting views of PPG into a single perspective and thus IG evolves in multi-dimensional concepts (Kakwani et al., 2003; Ravallion and Chen, 2003; Ravallion, 2004; Klasen, 2010; Stuart, 2011). The central issue underpinning the multi-dimensional concept of IG is to extend the horizon of IG benefits to all stripes of income in the population (Klasen, 2010; OECD, 2015). Along this view, the concept of inclusive growth provoked various discussions in the public, and policy debates held amongst multilateral, international and regional organizations (Mubila, 2012; AfDB, 2013; OECD, 2015). In line with these approaches, the debate has led to different conceptualizations and constructs of IG (De Haan and Thorat, 2013)[11].

2.4.1 Organizational/Institutional Perspectives of Inclusive Growth

2.4.1.1 World Bank (WB) Approach

The World Bank conceives IG as both the pace and pattern of economic growth, which for them are interlinked and should be assessed together for IG. Along this view, Ranieri and Ramos (2013a) advised that the context of assessment of the pace and pattern should involve, outcome and process of economic growth, for the purpose of poverty, unemployment and inequality reduction as determinants of inclusive growth. This claim is informed by the fact that rapid pace of economic growth is a necessary condition for absolute reduction in poverty (Adedeji, Du and Opoku-Afari, 2013). This view may be as a result of the recommendations that, for economic growth to be sustainable in the long-run, it must be broad-based across sectors and inclusive of the greater portion of a country's labour force (Deininger and Squire, 1998; White and

[11] This article contributes to the debate on inclusive growth by arguing that the knowledge of the concept affords the probability of extending beyond the mere understanding of inclusive growth in terms of safety nets. But also centres the argument around distribution debate rather than livelihood, employment and entrepreneurship.

Anderson, 2000; Ravallion, 2001; Dollar and Kraay, 2002; Bourguignon, 2003; Ianchovichina and Lundstrom, 2009a).

In the thoughts of WB, it is assumed that IG assures productive employment rather than employment per se or distribution of income. The reason is that employment growth per se generates new incomes and jobs, while productive employment growth has the ability to lift the wages of workers and the returns of the self-employed (Berg and Ostry, 2017; Ali, 2007b).

Along this view, it is argued that the WB conceives IG from a long-term perspective and as an interface between productive employment and sustained growth, characterized by– equity and social cohesion for both individuals and businesses as oppose to short-term income redistribution (Ravallion, 2001; Hausmann, Rodrik and Velasco, 2005; Ali and Son, 2007b; Anand, Tulin and Kumar, 2014).

2.4.1.2 Asian Development Bank (ADB) Approach

When ADB framed its corporate strategy, promoting IG became one of its main objectives (Rauniyar and Kanbur, 2010a). The encompassing nature of IG in ADB is beyond the key elements of IG, like, broad contribution and participation in the process of growth, it also involves the issues of gender, race and ethnicity (Asian Development Bank, 1999).

It can be suggested that the views of ADB on IG is embedded in the understanding that in one aspect, IG refers to a growth that generates new economic opportunities and ensures equity access to those opportunities created to all the income groups in the population, particularly for the poor (Ali and Son, 2007a). On the other aspect, that income growth episode is referred as inclusive when it satisfies the following: (i) allowing participation of and contribution by all sectors of the society, with reference to the ability of the disadvantaged and the poor to participate in the growth episode, i.e., non-discriminatory type of growth; (ii) bringing about a decline in inequality of non-income dimensions of well-being which are important for enhancing economic opportunities such as; nutrition, social integration, education and health. (iii) focusing on the 'disadvantaged', shrinking view of inclusive growth, and place emphasis on the 'outcomes' of growth (Ravallion, 2001; Ali and Son, 2007a).

However, it is important to note that, it is in line with the broad nature of IG that ADB defines growth inclusiveness as the one accompanied by equal opportunities (Asian Development Bank, 1999). It equally can be argued that ADB's broad conceptualization of IG extends further to include even the environmentally sustainable growth as one of the determinants of IG (Asian Development Bank, 1999). Moreover, contrary to the WB's view, ADB's conceptualization of IG focuses largely on relative pro-poor type of growth (Ngepah, 2017).

2.4.1.3 United Nations Development Programme (UNDP) Conceptualisation

UNDP conceive IG as evolving in two perspectives which includes both as an outcome and a process. Existing literature like McKinley (2010) links these perspectives of IG to two dimensional principles: first, IG enhances the full participation of everyone in the growth process, which involves both decisions making about the growth and in terms of participation in the growth process itself. While secondly, it ensures equity benefit sharing of the outcomes of the growth. Another literature like Kjøller-Hansen and Sperling (2020) explore the traditional connection between these two-dimensional principles of IG and argue that an attempt to measure the participatory aspect of IG must involve three important criteria, which includes; measurement, causes and consequences.

Along this view, it can be argued that in the perspective of UNDP, growth is inclusive when it: (i) happens in a region where the poor ones live the life of rural and relatively backward region, (ii) occurs in a sector that would employ the poor like in agriculture; (iii) employs factors of production, like unskilled labour which is in abundance among the poor, and effects reduction in commodity prices consumed by the poor ones, like, fuel, public transport, food and clothing (UNDP, 2005). Then increasing return to labour based on this notion can be attributed as a pro-poor process.

Based on this notion, it can be inferred that the UNDP approach to IG is closely related to the WB in the sense that it is likely an increasing return in the labour of a non-contracting economy which can take place through the process of increasing employment as well as raising the productivity of those employed (UNDP, 2005). UNDP embraces the notion of relative pro-poor growth in its approach to IG conceptualisation.

2.4.1.4 Organization for Economic Cooperation and Development (OECD) Approach

As in OECD (2015), the notion of IG emerges from different strands of OECD work on well-being which highlighted the three main economic foundations of IG, viz, policy impact, distributional considerations and multidimensionality. Thus, OECD recommends that the multidimensionality strand of IG hinges on an idea that society's objectives are multidimensional which may be more diverse than mere income. It argues, given that GDP per capita which remains an important means to pursue society's objectives is not considered as an end itself, therefore, the importance of going beyond GDP as a measure of IG to incorporate other major aspects of human well-being which enables them to participate productively both in the society and in the economy, involving both satisfaction and social relations becomes imperative. Based on this note, Stiglitz, Sen and Fitoussi (2009)and the OECD (2012) identify education and health outcomes, personal security, social connections, environmental quality of life, subjective well-being and work-life balance as important non-income dimensions of well-being which are inclusive in nature.

Distributional strand of IG in the perspective of OECD suggests that the analysis of distribution goes beyond per capita GDP income to embrace the multidimensional distributions of wellbeing. OECD notes that its quest for multidimensional perspective of IG is based on the increased heterogeneity in the relationship between multidimensional living standard and GDP per capita growth (OECD, 2015).

Thus, it can be postulated that OECD conceptualization of IG is based on policy impact analysis in connection with both growth and distribution of multidimensional well-being and other opportunities that promote participation in IG (OECD, 2006, 2015).

2.4.1.5 African Development Bank (AfDB) Approach

A serious concern for IG in AfDB originated with its highlights on long-term IG strategy positioned at the centre of its strategy (Mubila, 2012). The idea informing this serious concern for IG in AfDB originated as a result of an unequal match between the spectacular economic growth and well-being of the people obviously found in Africa (Adedeji, Du and Opoku-Afari, 2013; Kolawole, 2016; Folawewo and Adedokun, 2017; Oluseye and Gabriel, 2017). Following this view, it is adduced that AfDB quest for inclusive growth is in relation to the consensus that sustainable and increasing economic growth in Africa needs also to be equal with sustained unemployment and poverty reduction (Stuart, 2011). Along this view, the AfDB conceives IG as growth outcomes which evolves into broader access to sustainable socio-economic opportunities for the majority of different income groups of countries and at the same time protecting the vulnerable, all being done in the atmosphere of equity, justice and political plurality (Hakimian, 2013). By this approach to IG conceptualisation, AfDB adopt a measure similar to WB approach and succinctly points out the limitation of PPG, while suggesting an intervention approach that would focus on all sectors of economy for IG.

Following the proposed intervention approach, from the historical point of view, AfDB builds its approach to IG on four pillars[12], these include; economic, spatial, social and political inclusions (Kumah and Mathew Sandy, 2013). Along these pillars, an IG index is constructed based on the AfDB approach, which has accounted for the economic growth inequality following the measure of inequality-adjusted per capita GDP. Similarly, along this IG index, existing literature have argued that for growth to be inclusive, it must include the following; economic growth diversification, education, health, gender, infrastructure and governance, to capture the other pillars (Berg and Ostry, 2017; IMF, 2018; Campbell, 2017).

[12] These give rise to the five operational priorities that the AfDB sets out to guide its strategy for inclusive growth in Africa, which include: regional economic integration, infrastructure development, private sector development, skills and technology, governance and accountability (ref. AfDB, 2015, 2013)

2.4.2 Scholars Conception of Inclusive Growth vis-a-vis Emerging Economies

More than ever before the term IG becomes active on a stage among institutions, organisations, public and private sectors, it is important to note that the concept emerged as a confirmation of the view championed by IMF who had prior to the November 2013 shade clear light on IG as a concept with challenging tenets (OECD, 2012; AfDB, 2013). The central thesis informing the origin of IG is in response to the spectacular economic growth experienced among developing countries for decades, who still experience low level of employment creation, human capital development such as quality of health and education facilities and poverty reduction (Folawewo and Adedokun, 2017; Raheem, Isah and Adedeji, 2018).

The drive for discussion on IG started to cluster around human development when it becomes obvious that increase in the traditional GDP of countries and GDP per capita do not necessarily either enhance nor sustain growth (Ojo and Oluwatayo, 2016; Raheem, Isah and Adedeji, 2018). The factor informing this concern is that mere output growth expansion in terms of increase in the GDP of countries is not a sufficient condition for promoting sustainable economic development, unemployment and poverty reduction (Oluseye and Gabriel, 2017). Existing literature like Campbell (2017), Raheem, Isah and Adedeji (2018) argue that such experience is an indication that growth product is lump-sided and not inclusive.

Therefore, the need for a growth development that is more inclusive becomes a drive to aim at IG as developmental policy which can guarantee attitudinal and institutional changes that will be accompanied by poverty, inequality and unemployment reduction (Campbell, 2017). Thus, the burgeoning arguments precipitate on the adoption of IG policies as measures that can enhance inclusiveness of all economic participants in contributing their quota to the economic growth process and equity sharing of the growth outcomes ensuring justice and equity (Raheem, Isah and Adedeji, 2018).

Existing literatures define inclusive growth as the one that enhances the benefits of the most marginalized (poorest) section of the population and reduces unemployment, inequality and poverty (UNDP, 2005; Folawewo and Adedokun, 2017). Along this view, it is argued that IG should lay emphasis on making sure that the opportunities created during the growth process are made broad-based to the maximum extent that it will benefit the poor more than any other group (Ali and Son, 2007a). As against this background, Warner (2012), Arezki et al. (2012) pointed out that IG as a concept is a situation in which the incomes of the lower-income groups increase on average in a faster rate and no social groups will be left behind in the economic growth process. In line with these views, IG is defined as the growth which creates new economic opportunities and at the same time ensures equity access and full participation of all the segments of the population particularly the poor in the opportunities created (Rauniyar and Kanbur, 2010b).

Contemporary literature varies in capturing the proper functionality and dimensions of IG. Chandy, Ledlie and Penciakova (2013) vouched that countries with high-income experience resulting to inequality should make pro-poor policy a priority, otherwise

growth would be dampened and as well cannot effect poverty reduction. Rauniyar and Kanbur (2010a) and Oluseye and Gabriel (2017) reiterate that IG should be a growth that is not associated with lower income inequality so as not to aid disproportionate increase of income of the people with lower incomes. Following this view, Oluseye and Gabriel (2017) point out that IG then should aim at productive employment by laying emphasis on the type of economic growth that can increase wage, absorb the labour force and ensure that participants reap equitably the benefits of the productivity outcomes.

This explains the fact that IG involves the emphasis on ex-ante analysis of sources, directions and constraints to sustainable economic growth, both in participation and benefit sharing for all income group in the population without exception (CAFOD, 2014). Similarly, it becomes apparent that IG analytical framework implies that growth process should be raised by utilizing broader parts of the labour force that are either within low productive activities or totally excluded in the process of growth (Raheem, Isah and Adedeji, 2018). In the same vein, organisations like OECD and UNDP opine that for the growth to be sustainable in the long-run, it must be broad-based across sectors and most importantly inclusive of the major parts of the country's labour force (AfDB, 2013; OECD, 2015). The central thesis informing this claim is that IG re-enforces a direct link between the Micro and macro determinants of growth, such as, unemployment and poverty (Ogujiuba and Alehile, 2011; Berg and Ostry, 2017).

Based on this view, it is speculated that adopting IG as an overarching goal would require the developing countries to modify its corporate strategy, such as its core operational priorities and strategic pillars which will in turn respond to their emerging needs. In this regard, IG is conceived as policies that remove barriers to growth in order to provide a level playing field for growth along the majority of the population (Ianchovichina and Lundstrom, 2009a; Vellala, Madala and Chattopadhyay, 2014; Berg and Ostry, 2017; Oluseye and Gabriel, 2017)[13]. This view is premised in the idea that growth should not only create new economic opportunities but also aims to ensure equity access to those economic opportunities created for the different segments of the population (Ali and Son, 2007a). This is why the OECD (2015) advocates for IG as a situation where there is a pronounced reduction in the gap between the rich and the poor, where growth benefits are shared in an equity way that will give rise to improving the living standards, and yield outcomes that will change the quality of life of the people, such as job creation, good health, educational skills and community support.

Furthermore, Ali and Zhuang (2007) clearly suggest that any development strategy that aims at IG as the overarching goal should be built on two strong and integral reinforcing strategic anchors, which include; growth rate that is high and sustainable to have the capacity to create productive and decent employment opportunities in one perspective, and in the other aspect, social inclusion that can ensure equity access to opportunities created. He adds that in this way IG would ensure an atmosphere devoid

[13] This paper is a pioneer article to define the concept of inclusive growth in a simple and easily formalizable way, particularly in terms of pace and pattern of inclusive growth, and also developed a framework of inclusive growth in relation to the definition and applied it to the context of Zambia.

of unequal opportunities which normally raises social exclusion related to institutional, policy and market failures. On this account, Ali and Son (2007b) outlined the four inclusive growth outcomes which they refer as the ultimate, these include; equitable and sustainable growth, empowerment, social inclusion and security[14]. By analogy it can be argued that IG outcomes involve both the entire economic growth and optimal distribution across sectors and regions within the economy (Ali, 2007b; Ogujiuba and Alehile, 2011).

Moreover, some modern scholars identify the controversy that trail IG conceptualisations in genre as one of the factors that necessitated the lack of consensus on the meaning and theoretical foundation of the concept resulting to mainly country specific to a large extent (Addison and Nino-Zarazua, 2012; Raheem, Isah and Adedeji, 2018). As such, Kumah and Sandy (2013) and Oladeji (2014) maintain that the mechanism of IG transmission into economy and construction of both the framework and index suffer the same fate.

It is exigent to note that the crux of the matter in the construction of IG mechanisms, index and frameworks that can variously be utilized in assessment of IG are the common shortcomings that overwhelm the consensual definition of IG (Ianchovichina and Lundstrom, 2009a). However, the ground-breaking studies on IG which tried to construct an index for IG encountered a common challenge that bordered on the weights that should be assigned to every single indicator used for constructing the IG index. But existing views as in Kakwani and Son (2008) serve as the mediating factor in reconciling the different interests reflected in various IG conceptualizations. The study recommends a multi-layered concept that can be differentiated into two inter-connected dimensions of IG, such as both 'participating in and benefiting from growth'. On the aspect of participating in growth: it centres on the analysis of the process of growth which involves the various contributions of different aspects of economy to the process of growth. Again, on the aspect of 'benefiting from growth': it involves the benefits, or the outcomes derived from the growth process. For instance, an empirical investigation on IG indicators as in study like McKinley (2010) utilized employment and poverty as measures of participation and benefits from growth process respectively.

Finally, the mechanisms, index and framework of IG are not mutually exclusive and the central thesis informing this concern is the underlining fact that IG has not only economic but also social responsibilities (Vellala, Madala and Chattopadhyay, 2014). I briefly provide further analysis of the perspectives of index, framework and as well the mechanisms of IG in the following chapters.

2.4.3 Author's Conceptualization of IG

Following the institutional and scholar's ideas of IG: It is the author's assessment that IG, in terms developing economies; particularly Nigeria and it's rural communities, might be regarded as a situation where economic growth results in sustained reductions

[14] See Ali and Son (2007) for detailed discussion on the outcomes

in poverty and unemployment as an outcome of good governance, comprehensive participation and sharing of growth and it's benefits, in a setting of fair and equal access for all members of the community.

2.5 Multi-dimensional Constructs and Mechanisms of IG Practices

IG as a concept even though widespread in usage, still lacks a clear and concise consensual definition. As a result, although based on a shared intuition, it has evolved into diverse conceptualizations whose individual key features might help envision a specification for a definition. (UNDP, 2005; Ramos, Ranieri and Lammens, 2013). Such divergent conceptualizations consequentially give rise to multidimensional constructs/mechanisms of IG. To properly create a possible pathway, potentially leading to consensual convergence of IG's specifications and measurement, two strands of literature emerge in the discussion on the meaning of IG. These include; the studies that constructed the indices/drivers of IG; these studies that developed IG framework of analysis without constructing any indices or drivers (Folawewo and Adedokun, 2017).

Among the studies that have attempted to construct IG index is McKinley (2009), who proposes several IG indicators which among others include; economic growth, income inequality, productive employment, poverty, education outcomes, health outcomes, economic infrastructure, gender inequality and others. Building on these indicators, the study in further development introduces a multidimensional index of IG that can be employed in assessing IG both within and across countries. Ali and Son (2007b) in the same approach investigated and propose three key elements of IG as human capabilities, social safety nets and targeted intervention, and further maintain that employment and productivity are the requirements to achieve IG outcomes. In the same likelihood, the studies further suggest governance and institutional issues as more fundamental to the achievement of those key elements.

Consistent with the views on these elements alongside the use of GDP as indicators of IG, the report of a 2008 Eurobarometer poll recognizing the limitations of GDP in the evaluation of countries progress, argue for the need to rather explore economic, social and environmental indicators to evaluate progress. In a similar notion, studies like Ranieri and Ramos (2013b) emphasize the lack of correlation between the fundamental dimensions of the concept of IG and GDP growth. This notion is built on the fact that some countries with low economic growth presented impressive inclusive result, while other countries with worst inclusive performances achieved high growth rate. Therefore, in the strength of the disconnection between IG and GDP it is analogous to focus more on how the output of an economy is generated than the size of the increase in the same economic output. On account of this view, studies like Ali and Zhuang (2007) and Rauniyar and Kanbur (2010b) constructed IG indicators capturing two perspectives of IG, for instance; employment as indicator for participation, and poverty reduction as proxies for benefit sharing.

Habito (2009) insists that GDP and significant poverty reduction are the key factors that are central to IG and argue that the former leads to the latter. Accordingly, Elena and Sushana (2010) from the WB perspective of IG as both the pace and pattern of growth constructed IG indicators as; geography, infrastructure, poverty reduction, economic growth employability of the poor and the cost of capital as the building blocks for analytical framework of IG. In the Growth Report, Spence (2008), succinctly avowed on the employment transitions, equality of opportunities, protection in market and equity as the indices of IG. More so, Rauniyar and Kanbur (2010a) in the context of ADB referred to IG indices as; equal opportunities, consisting of social, economic and institutional dimensions and income equalities. Mariann (2015) in an attempt to construct IG indices discovered that coordinated fiscal stimulus, issues of macroeconomic imbalance, exchange rate coordination, global resource system and improved international tax capacity in developing countries are policy actions that stimulate IG.

Vellala, Madala and Chattopadhyay (2013), in an attempt to study IG in the context of India constructed a typical model of IG indices for Indian economy and identify economic growth, socio-economic amenities, productive employment, poverty reduction, inequality reduction, governance, human capital and gender equity as pre-requisite for IG. Similarly, but in a wider review of IG indices, Kolawole (2016) underpins the following as the key elements: poverty, productive employment, growth, inequality, access to infrastructure, benefits of growth, social protection, participation, gender inequality, good governance, targeted policies, capabilities/empowerment, barriers to investment and opportunity. In essence, Kolawole, Omobitan and Yaqub (2015), further advised that it is appropriate to note that disagreements in the elements of IG is due to cross-countries socio-economic, political and socio-cultural differences which can always occur. Thus, he adds that several other economic factors like; real import, gross fix capital formation, savings, foreign investment, real exports, inflation, amongst others equally influence IG of a country. Consistent with this notion, OECD (2015) opines that understanding the determining variables of IG through a country's experience will be a prerequisite for identifying key elements and critical areas to target the available resources. Apparently, studies that made a ground-breaking effort at constructing IG indices almost experienced the same shortcoming, like, the problem of assigning weights to each single indicator used in the construction of the IG indices.

2.6 Evaluation of Inclusive Growth Tools

It is a consensus of some scholars like Ali (2007b), Anand, Tulin and Kumar (2014) and organisations as OECD and UNDP that inclusion of dimensions other than income alone should mark the discussions on IG. Along this view, it is important to understand what the term IG means in relation to its dimensional constructs. To this end, it is contemplated whether IG corroborates firstly; growth, inequality, poverty, equity sharing, participation, productive employment, access in infrastructure, targeted policies, social protection, barriers to investment, good governance, gender inequality, benefits of growth, opportunity, satisfaction, capability/empowerment (Ali, 2007b; McKinley, 2009; Rauniyar and Kanbur, 2010b; Elena and Sushana, 2010; Klasen, 2010; Stuart, 2011; OECD, 2015; Anand, Mishra and Peiris, 2013; Kolawole,

Omobitan and Yaqub, 2015). Or secondly how to account for the interrelationships among the constituted elements of IG, including how they relate to each other and how each of them relates to and transmit inclusive growth (Ramos, Ranieri and Lammens, 2013).

Accordingly, Kolawole and Odubunmi (2015) pointed out that the need to clarify the interface between these elements of IG and the cross-countries' political, socio-economic and socio-cultural differences as it is country's specific would help in the directional tools of IG. For instance, most attempts carried out in literature to measure IG like Ramos, Ranieri and Lammens(2013), assessed only distortions that occur in IG without specifying any relationship between inclusiveness and growth. In function, this is not enough to identify the IG episode as the establishment of the causality between growth (mechanisms) and inclusiveness is not the only issue in IG. Hence, how to incorporate the view that gains in inclusiveness can be instrumental for growth in relation to countries is the focus of this study. Therefore, to address the intrigues around the IG tools in Nigeria's context, I clearly delineate the roles of poverty and unemployment reduction in IG and argue for a normative benchmark of health and educational services for IG implementation. This among other things necessitates an assessment of basic fundamental IG theorems.

2.7 Theoretical Foundations of IG Relationships

According to Ranieri and Ramos (2013a), Vellala, Madala and Chattopadhyay (2014), the concept IG evolves in diverse conceptualizations which is an indication that the term remains fairly explanatory and still far from possible convergent path that leads to its concise and clear definition. Raheem, Isah and Adedeji (2018) add that both the theories and measurement of IG suffer the same fate, as such ample vagueness in its precise theories deter extant literature from any attempt to explain theoretical association between IG and the measures associated with the concept. However, another strands of literature like Vellala, Madala and Chattopadhyay (2013), reveal that IG theoretical model embraces all about macro-economic management that improve reduction in poverty and inequality, expansion of human development, urban-rural divides and investment in human capital. The study like Ranieri and Ramos (2013b) further maintains that the possibility of discerning a near unison in terms of a few core features of IG aid to envision the specific basic theoretical models that may support possible relationship between IG and access to opportunities like health and education. The essence of these theoretical models is based on how the varying access to opportunities like health and education can either converge/diverge to promote or impede IG implementation.

Accordingly, Bank (2009), Domonkos, Jánošová and Ostrihoň (2013) and Ngepah (2017) confirm that these theories equally discuss how poverty and unemployment reduction in form of IG within the atmosphere of increasing access to health and education may be a strong determinant in IG decisions to promote access to health and education. In the context of these theories, Ali (2007d), Chandy, Ledlie and Penciakova (2013) remark further that similarities among the concepts of PPG and IG

make it possible to consider IG under some restrictions as an approximation of PPG. In this study, based on assumptions of these models I intend to comparatively formulate theoretical arguments that will be subsequently tested.

2.7.1 Economic Growth Theory (Exogenous and Endogenous Theories)

The measurement of economic growth, prosperity and well-being have been major issues underpinning economic growth theory (Lucas, 1988; Mankiw, Romer and Weil, 1992). Despite the exacerbated criticisms that trail on this theory, yet it has gained prominence in the literature of growth, development and well-being strategies (Lucas, 1988). The economic growth theory emanated as result of economic growth problem which borders around the question, what are the driving forces that determine both growth and economic development? It is also important to note that this question is borne out by the fact that the rate and level of growth in an economy is not often reflected in the real level of the people's living standard (Lucas, 1988). Consequently, an attempt to solve this economic growth problem breeds variant economic growth theories ranging from different economic era but broadly captures in two major economic growth models, which include: exogenous and endogenous growth models.

The common trend among the postulations of exogenous growth theories appear to be based on the conception that economic growth comes from outside the economy (Lucas, 1988). Based on this notion, the first exogenous growth theorists known as classic economists proposed investments and improving productive capacity as determinant of economic growth. Along this view the second group called neoclassical economists identified land, capital and labour as the key factors that determine economic growth. This opinion tends to give discernible explanation of the causes of economic growth in the capitalist country. The central thesis informing this concern is premised on the fact that the more these three factors are utilized in the production, then the greater will be the economic growth. As against this backdrop, Solow (1957) in his robust article demonstrated the insignificant share of land, capital and labour particularly in the U.S and suggested role of technological progress as a source of growth in economy. Hence, he modelled the economy as below.

$$Y(t) = f\left[K(t), A(t)L(t)\right] = K(t)^{\alpha}\left[A(t)L(t)\right]^{1-\alpha} \qquad 2.1$$

Where, Y is real output, A is technology, K is capital stock, AL is effective labour, L is labour and α is elasticity of output in terms of capita stock, while the term AL shows more labour productive if the technological level is greater (implies that technology is labour augmented or Harrod-neutral).

In line with this view, existing literature like Mankiw, Romer and Weil (1992), McDonald and Roberts (2002) argue that Solow model may better fit the data if human capital as an additional variable is introduced as a leverage to improve significantly in the ability leading to the explanation of the differences in incomes and productions across countries. Based on this account, Mankiw, Romer and Weil (1992) demonstrated the limitations in Solow model by adopting another means to develop modern econometric techniques for estimates appropriate for physical capital, which

he tested in some selected countries with series that indicated similar stochastic properties. As a result of this insight, a new model that interrogates Solow growth theory is developed, intensified and stimulated a fresh proof about the income inequality behaviour across countries.

Thus, this outstanding developments on Solow model precipitates on econometric technique issues that give rise to reassessments of growth theories in the area of economics. Consequently, arguments for and against Solow model based on econometric techniques can be into two models: the 'introduction of the country's specific technological progress into the model of growth (Islam, 1995). Following this approach, this view pointed out the importance of the estimates of parameter of the neoclassical model which serves as a levelling effects for different countries in terms of heterogeneous static intercepts in form of a dynamic panel analysis. While on the other side of the divide, Mankiw, Romer and Weil (1992) in their findings project a more dynamic view of growth and give preference to the of role of human capital in the production function as augmented Solow model.

The increasing emphasis, on augmented Solow model of growth theory, has been encouraged by endogenous growth theorists such as Romer, Lucas, Aghion and Howitt, who advocate that growth is generated as a result of direct internal processes taking place inside a system. At this juncture, it is important to remark that endogenous model does not oppose exogenous model which advocates that economic growth is propelled as a result of competence in the technological progress and other external factors. But ideally, endogenous growth theory suggests that development and enhancement of the country's human capital contribute to the propelling of a higher economic growth by means of development of modern technology as well as efficient and effective production method.

Thus, the endogenous growth theorists argue that the reason why industrialized countries today experience economic progress and higher productivity comparable to others in the pre-industrialized period, is as a result that such economic progress has been developed and sustained within the country Romer (1990). Hence, endogenous theory explains that in economic growth human capital investment (labour force quality) is a key component, and as it is captured in the AK (Augmented Solow) production function indicates a linear function of technology (Rebelo, 1991). The model includes.

$$Y(t) = f\left[K(t), A(t)L(t)\right] = K(t)^{\alpha} H(t)^{\beta} \left[A(t)L(t)\right]^{1-\alpha-\beta} \qquad 2.2$$

Here, the components are denoted as in equation 1 with the addition of human capital (H). Therefore, economic growth theory becomes extremely significant to this research as it enables me to examine how human capital in terms of health and education is aligned with IG. It will further offer me the opportunity to track how increase/decrease in access to health and education will impact IG in Nigeria.

2.7.2 Social Opportunity Function (SOF) Theory

SOF theory is a corollary of the social welfare function in welfare economics; the social welfare function stresses the 'welfare of the state's' ranking; as less desirable,

more desirable or indifferent in terms of increasing function of the economic welfare of the state. Whilst SOF theory defines IG as an increasing function of opportunities enjoyed by individuals in a population. Hence, it is a major concern in IG conceptualisation (Ali and Son, 2007a). The SOF captures the concept of IG as it is growth that creates new economic opportunities and ensures equal access to those created opportunities for all sectors of economy (Ali and Son, 2007b). Clearly put, SOF theory re-enforces that 'growth is inclusive' when the SOF increases, and it ensures equity of opportunity in promoting welfare in an economy.

Thus, SOF model highlight IG measure as dependent on two factors: (1) the average opportunities available to the population, (2) how those opportunities are distributed or shared among the population. However, one of the major flaws of this model is it allocates greater weight to the poor who enjoy greater opportunities than the nonpoor, i.e., the poorer one is the higher the weight will be (Anand, Mishra and Peiris, 2013; Raheem, Isah and Adedeji, 2018). The central thesis informing this weakness is that the opportunities created for the poor ones in an economy are more important than the ones created for non-poor. This implies that growth is made more inclusive and social opportunity increased when the opportunities enjoyed by a person is transferred to a poorer person in the society.

Along this view, Ali and Son (2007b) developed a functional statistics of SOF and proposed a measure of IG as based on the idea of a concentration curve[15], which they define as a generalized concentration curve, which denote SOF, $Q^c(0)$, as:

$$Q^c(0) \approx \left(y_1, \frac{y_1 + y_2}{2}, \frac{y_1 + y_2 + y_3}{3}, \ldots\ldots\ldots \frac{y_1 + y_2 + \ldots\ldots\ldots + y_n}{n} \right) \qquad 2.3$$

Here, n is the number of persons in the population with the incomes $y_1, y_2 \ldots\ldots\ldots y_n$, where y_1 is the opportunity enjoyed by the poorest person in the population and y_n is the one enjoyed by the richest person, $y_2, y_3 \ldots\ldots$ etc are sequential persons between these two boundaries. The basic generalized concentration curve becomes a cumulative distribution of a social opportunity vectors such as the social opportunity function (O) and the social welfare function (W) detailed below, where $y_1 \ldots y_n$ and $x_1 \ldots x_n$ are defined as above.

$$0 = 0(y_1, y_2 \ldots\ldots\ldots y_n) \qquad 2.4$$

Which has the underlying function as:

$$W = W(x_1, x_2, \ldots\ldots\ldots, x_n) \qquad 2.5$$

The above two EQ. (2.4) & (2.5) capture both growth and distribution dimensions. Opportunity in this case refers to various services, such as access to jobs, access to health, access to education. So, in the model, y_1 takes the values 0 or 100. When the

[15] For further discussions on the concentration curve, see Kakwani, 1980

value is 0 it means that the i^{th} or poorest person is deprived of an opportunity. When the value is 100 it means that the i^{th} person has an opportunity. Thus, suppose the average opportunity for the whole population is defined as:

$$\bar{y} = \frac{1}{n}\sum_{i=1}^{n} y_i \qquad 2.6$$

to be the percentage of the population that enjoys a given opportunity[16]. Then, the opportunity function based on the average opportunity index for the whole population should be an increasing function of its arguments. This implies that if any person's opportunity increases, there will be also an increase in the social opportunity function. In this vein, Ali and Son (2007a) advocate that for growth to be inclusive then economic growth should expand the average opportunity available to the population. As a corollary, they added that though an economic growth is a necessary but not sufficient requirement for IG, due to the fact that generally the poor are often constrained in availing these opportunities.

This model seeks to explain that IG must not only expand average opportunity but also should improve the distributional aspect of the opportunities across the population. To demonstrate both perspectives in the model is a function of the development model, for instance, if development model is only to ensure the maximization of $\bar{y}$ as defined in EQ. (2.6), then the distributional aspect of opportunities is completely ignored. Then, if distribution is considered, it is expected that the social opportunity function must satisfy the transfer principle, which states that if transfer of opportunity is from a poorer person to a richer person, it will bring about decrease in the social opportunity function. Functionally, suppose 't'amount of opportunity is transferred from a poorer person with income x_1 to a richer person with income x_2, then a poorer person will have y_1 - t opportunities, while a richer person gets y_2 + t opportunities, will imply that the transfer will reduce the SOF.

In line with this principle, the model implies that for continuous distribution, suppose the population is arranged in ascending order of their incomes and if $\bar{y}_p$ becomes the average opportunity enjoyed by the bottom end p percent of the population, then if p varies from 0 to 100, while $\bar{y}$ becomes the mean opportunity available for the whole population, it follows that to cover the whole population $\bar{y}_p$ must be equal to $\bar{y}$

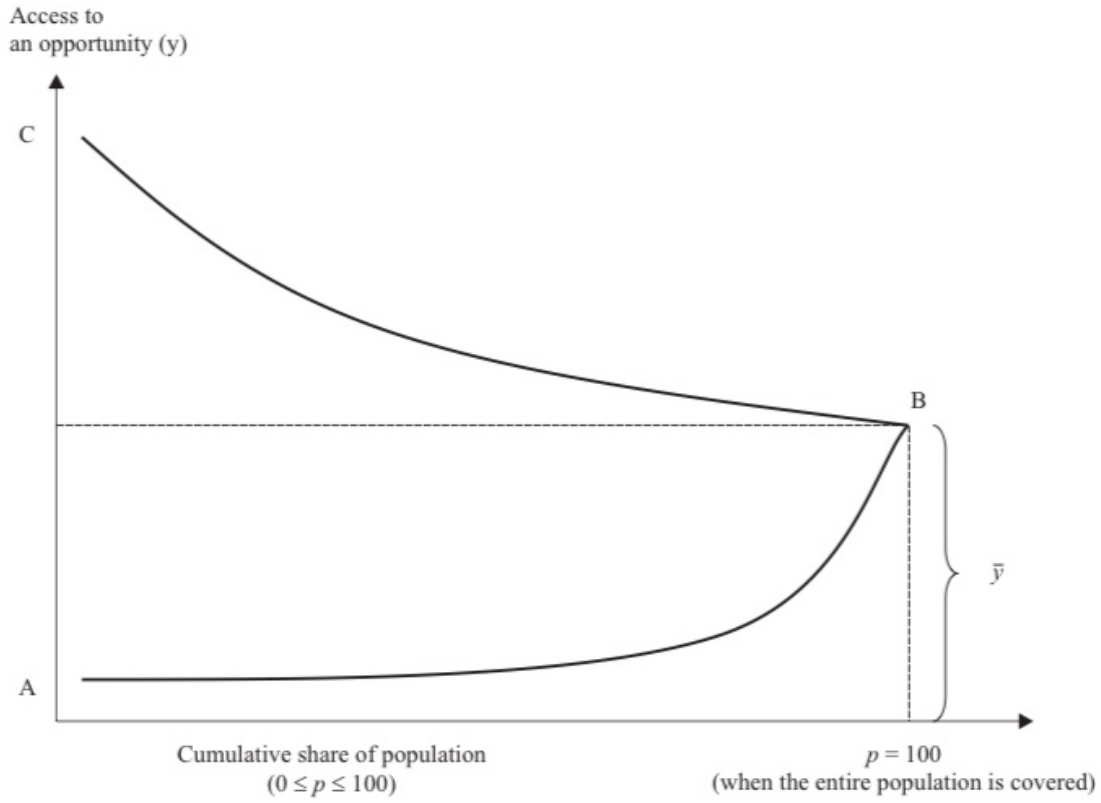
[16] Where y_1 is a binary variable that in this case takes a value 0 or 100, the average $\bar{y}$ is exactly equal to the percentage of the population who has access to a certain opportunity. For further clarity on this, suppose p on one hand is the probability that a selected individual from the population has access to an opportunity and (1-p) on the other hand indicates that the individual selected does not have access to the opportunity. Given this fact, the average opportunity available to the population is equal to 100*p+(1-p) =100*p, which simply shows the percentage of the people that has access to the opportunity.

when p = 100. So as $\overline{y}_p$ varies with p, then $\overline{y}_p$ curve can be drawn for different values of p, given a generalized concentration curve of opportunity as all in the population.

SOF model is also called the opportunity curve, because the higher the curve goes, the greater will be the social opportunity function. Along this view, growth is inclusive if the entire opportunity curve shifts upward, implying that everyone in the society- poor and rich are enjoying an increase in opportunities. It is therefore drawn that the degree of IG can be assessed depending on two strands: (i) how much the curve is shifting upward, (ii) in which side of the income distribution is the shift taking place?

A further analysis of SOF captured in opportunity curve precipitates that, a downward slope of the curve means that more opportunities are available to the poor than the ones that are available to the rich and thus pro-poor growth. On the contrary, upwards slope of the curve means that the opportunities available for the nonpoor are more than the ones available for the poor, thus incidence of inequitably. Therefore, figure 2.1 below captures the functionality of the curves graphically.

Figure 2-1 Opportunity Curve



(Source: Ali and Son, 2007a)

In function, figure 2.1 shows two different opportunity curves with the same mean ($\bar{y}$); i.e., one curve is slopping upwards (AB) while the other curve is slopping downwards (CB). This implies that: curve CB shows equitable distribution of opportunities because the poor at the bottom end of the distribution curve enjoy more opportunities than the nonpoor at the top end. Conversely, curve AB slopping upwards indicates that the nonpoor have greater opportunities than the poor. One good advantage of opportunity curve is that it is useful for assessing the pattern of growth that is explained in terms of access to and equity of opportunities available to the population. Accordingly, Domonkos, Jánošová and Ostrihoň, (2013) maintain that this approach focuses only on the distribution of opportunities and does not explicitly capture the development of economic growth. As a confirmation of this view, Ali and Son (2007a) remark that the weakness of the approach lies in its inability to quantify the precise magnitude of the change incurred overtime.

Ali and Son (2007a) notes that, to capture the degree of distribution of the opportunity requires making a greater assumption on the nature of the SOF to be utilised. One assumption is to obtain the degree of distribution through the calculation of an index of the area under the opportunity curve, which can be denoted as:

$$\overline{y^*} = \int_0^1 \overline{y_p} dp \qquad 2.7$$

Suppose EQ.2.7 is the opportunity index (OI) for calculating the index area under the opportunity curve, it follows that the greater $\overline{y^*}$ is, the higher will opportunities be available for the population. Thus, a development objective to increase the available opportunity will then be to maximize the value of $\overline{y^*}$. Hence, if everyone enjoys the same opportunity it will indicate by $\overline{y^*}$ being equal to $\overline{y}$. Accordingly, any deviation of $\overline{y^*}$ from $\overline{y}$ shows how the opportunities are distributed across the population. If $\overline{y^*}$ is greater than $\overline{y}$ is an equitable distribution of opportunities (pro-poor), and, if $\overline{y^*}$ is less than $\overline{y}$ shows an inequitable distribution of opportunities (antipoor).

Based on (OI), Ali and Son (2007a) proposed an GCAP

(EIO) for IG as denoted in:

$$\varphi = \frac{\overline{y^*}}{\overline{y}} \qquad 2.8$$

where, if φ is greater or less than 1, it follows that $\overline{y^*} = \varphi\ \overline{y}$, an indication of the average level of opportunities available for the population.

Therefore, to achieve IG under this condition will need to increase $\overline{y^*}$, which should be accomplished through the following ways: (i) increasing the equity index of opportunities φ, (ii) increasing the average level of opportunities $\overline{y}$, or by combination of the (i) and (ii). Ali and Son (2007a) explain the dynamics of IG following EQ. 2.8 which they differentiated on both sides to derive:

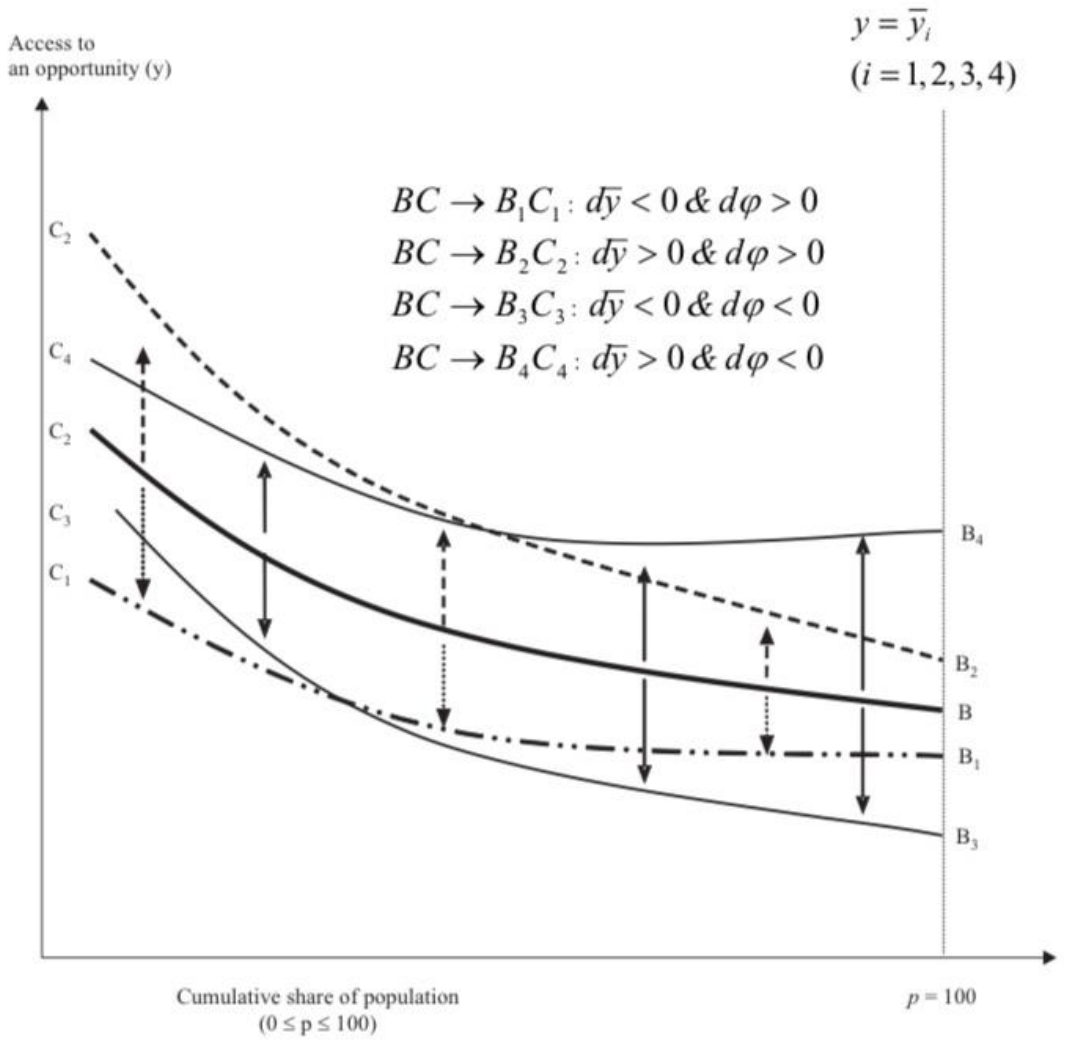
$$d\overline{y^*} = \varphi d\overline{y} + \overline{y} d\varphi \qquad 2.9$$

implying that $d\overline{y^*}$ will always measure the change in the degree of IG, where growth will be more inclusive if $d\overline{y^*} > 0$. An analysis of EQ. 2.9 above gives the following information: first term in the right hand side of equation accounts for the contribution to inclusiveness of growth made by increasing the average opportunity in the population, when the relative distribution of the opportunity remains constant or does not change; again, the second term in the right hand side of equation explains the contribution of changes in the distribution, when the average opportunity remain constant or does not change.

To this end, Ali and Son (2007a) suggest that the two contributions derived from EQ. 2.9 inform some policy implications of how the two can influence IG based on government policy and development strategy. For instance, in a situation where the second term at the right-hand side of EQ. 2.9 $\bar{y}d\varphi$ is greater than the first term $\varphi d\bar{y}$ in the same side of equation, will indicate that development policy will aim at creating opportunities for the poor instead of expanding the average opportunities for all. Another policy information of EQ. 2.9 is that there can be a situation of trade-off between $\bar{y}$ and φ as it is evident in the first and second terms of the same equation. For instance, like in the case when $\bar{y}$ increased and φ decreased or vice versa, i.e., where the first term $\bar{y}$ is positive while the second φ is negative, the population as a whole will achieve higher average opportunity at the cost of foregone equitable access to the opportunities. This case is illustrated in Figure 2.2, by the shift of the opportunity curves from B_1C_1 to B_4C_4. Again, when the first term is negative and the second term is positive, implying that the equity objective is achieved at the expense of the reducing average opportunity for the whole population. This case can be illustrated in figure 2.2, by the shift of opportunity curves from BC to B_1C_1. Under this condition, for growth to be inclusive would depend on which contribution outweighs the other.

A further information derived EQ. 2.9 is that the trade-off between $\bar{y}$ and φ may not always occur as both can decrease or increase concurrently, which may happen when both terms are either positive ($d\bar{y}$ >0 and $d\varphi$ >0) for growth to be inclusive, or negative ($d\bar{y}$ <0 and $d\varphi$ <0) for growth not to be inclusive.

Figure 2-2 Shifts in the Opportunity Curve



(Source adapted from: Ali and Son, 2007a)

The implication is that the one unit increase in the average opportunity $\bar{y}$ would give rise to more than one unit increase to the degree of IG, i.e., if the initial value of φ is higher than 1 (this is when the opportunity is distributed equitably in the favour of the poor). This corroborates the views of existing literature like Anand, Mishra and Peiris (2013) who maintain that the initial distribution of opportunity determines IG as they advocate that the more equitably the initial distribution, the greater it will impact on IG which in turn expands the average opportunity for all. In all, these inferences can be suggestive of the fact that both $\bar{y}$ and φ can be good policy instruments which can achieve IG by reinforcing each other. This theory is extremely useful to this research as it will enable me to investigate the dynamics in equity and distribution of opportunity in form of access to health and education for IG- poverty and unemployment reduction in communities of Nigeria.

2.7.3 Social Mobility Function (SMF) Theory

The recognition that the measure of IG may be explained on a set of standard control variables precipitates the need for SMF theory as a useful approach for IG. Similar to SOF; Anand, Mishra and Peiris (2013) explain that SMF theory is a measure developed as a framework for the study of both efficiency and equity together. This view suggests that the framework may serve as a unified macro measure of IG as it integrates income distribution and growth into one single measurement that can be applied in a cross-country context. Based on this fact, the framework is explored to study the determinants and dynamics of IG, particularly in low-income emerging market economies.

The theoretical assumptions associated to this model is that IG is dependent on two functions, which include: income growth and income distribution (Anand, Mishra and Peiris, 2013). The framework utilised consumer's theory to illustrate its function, where an indifference curve is taken to represent the changes in aggregate demand over time. Building on this idea, this measure decomposed income and substitution effect into growth and distributional components. Thus, Anand, Mishra and Peiris (2013) following the underlying social welfare function argue that for growth to be inclusive it must satisfy two properties, which include: first, it must be increasing in its argument (to capture the dimension of growth in income), and secondly, it must satisfy the transfer property – in this case, any income transfer moving from a poor person to a non-poor person reduces the degree of the function (this captures the dimension of income distribution).

In function, social mobility function is based on the concept of a concentration curve[17] (Kakwani et al., 2003; Anand, Mishra and Peiris, 2013). Similarly, Ali and Son (2007a) and Anand et al. (2013) both constructed a generalized concentration curve, which they called social mobility curve, S^c, constructed as:

$$S^c \approx \left(y_1, \frac{y_1+y_2}{2} \ldots \frac{y_1+y_2+\ldots+y_n}{n}\right) \qquad 2.10$$

Where, η denotes the number of persons in the population with the incomes $y_1, y_2 \ldots\ldots\ldots\ldots y_n$, here, y_1 is the poorest person in the population and y_n is the richest person. The basic generalized concentration curve is a cumulative distribution of a social mobility vectors:

$$S \approx (y_1, y_2, y_3 \ldots y_n) \qquad 2.11$$

This has the underlying function as:

$$W = W(y_1, y_2 \ldots y_n) \qquad 2.12$$

to satisfy the above two properties: growth and distribution Anand, Mishra and Peiris (2013, Anand, Tulin and Kumar (2014) argue would need a stronger income distribution with higher generalized concentration curve since it must be increasing in

[17] For the detailed discussion on concentration curve (ref: Kakwani, 1980)

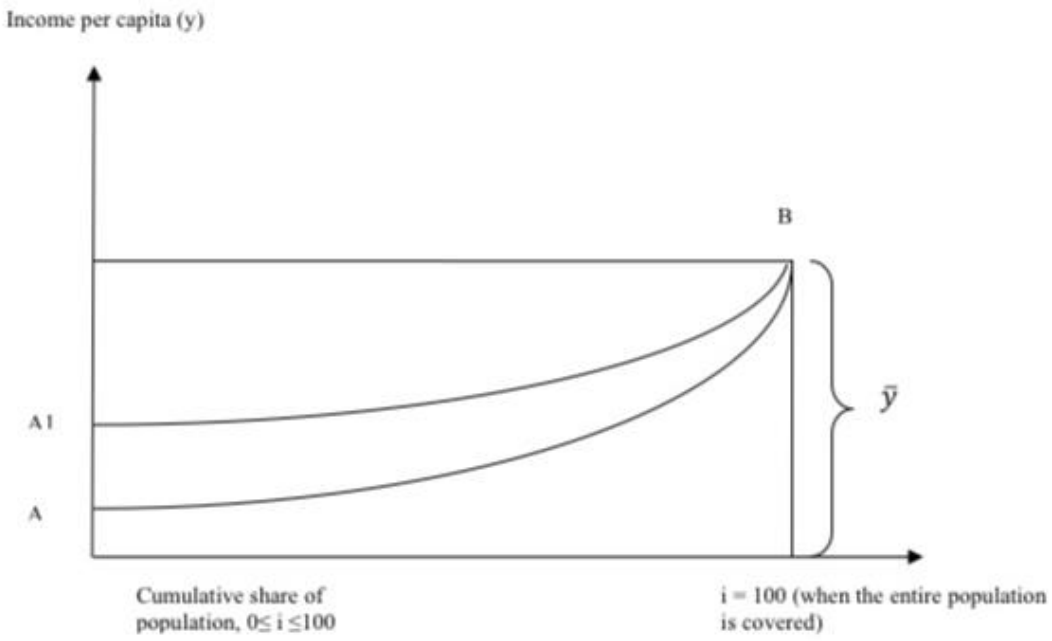
its argument. In this case, where the ascending order of the income of a population is arranged, let $\overline{y_1}$ denote average income of the bottom i percent of the population, where i varies from 0 to 100 while $\overline{y}$ denote the mean income. Then, to plot $\overline{y_1}$ for different values of 'i' (see curve AB as seen in figure 2.3). Therefore, in the figure 2.3, the curve AB as discussed above represent a social mobility curve. Given that a higher curve means greater social mobility, growth then will be inclusive if the social mobility curve at all points moves upward. Anand, Mishra and Peiris (2013) further explained, it is to be noted that there may be degrees of IG which will depend on: first, how much the curve moves upwards (growth), and secondly, how the changes in the distribution of income occur (equity). For further illustrations, figure 2.3 presents two social mobility curves that have the same average income ($\overline{y}$) but with different degrees of inclusion in income distribution. For instance, the curve (A1B) indicates more inclusive than the curve AB, which implies that the incomes of the bottom liner of the population is higher.

Graphically, to calculate the degree of change in the distribution of income is done by calculation of social mobility index which is an area under the social mobility curve with a base function as:

$$\overline{y^*} = \int_0^{100} \overline{y_i} di \qquad 2.13$$

Where the greater the $\overline{y^*}$, the higher will be the income. As such, if the income of everyone is the same in the population or if the income distribution in the population is completely equitable $\overline{y^*}$ will then be equal to $\overline{y}$. If on the other hand, $\overline{y^*}$ is lower

Figure 2-3 Social Mobility Curve



(Source: Anand, Mishra and Peiris, 2013)

than $\overline{y}$ it will mean that the distribution of income is inequitable. The implication is that any deviation of $\overline{y^*}$ from $\overline{y}$ is an indication of inequality in income distribution.

The interface between SOF and SMF theories lies in the features of income equity index (IEI). As in SOF model, Ali and Son (2007a) denoted (IEI) using the feature of $\overline{y^*}$ as:

$$\omega = \frac{\overline{y^*}}{\overline{y}} \qquad 2.14$$

Where, to achieve a completely equitable society, $\omega = 1$, hence, higher value of ω closer to one depicts higher income equality. At this juncture, as a departure of SMF model from SOF Anand, Mishra and Peiris (2013) rearranges the above (IEI) equation as:

$$\overline{y^*} = \omega * \overline{y} \qquad 2.15$$

In this setting, IG is achieved by increasing $\overline{y^*}$ which depends on two factors; (i) increasing $\overline{y}$, i.e. increase in the average income through growth; (ii) increase in the equity index of income ω by increasing the equity, and (iii) by combination of both (i) and (ii).

The novelty in SMF is that it allows for inclusion of more factors when the EQ 2.15 is further differentiated as thus:

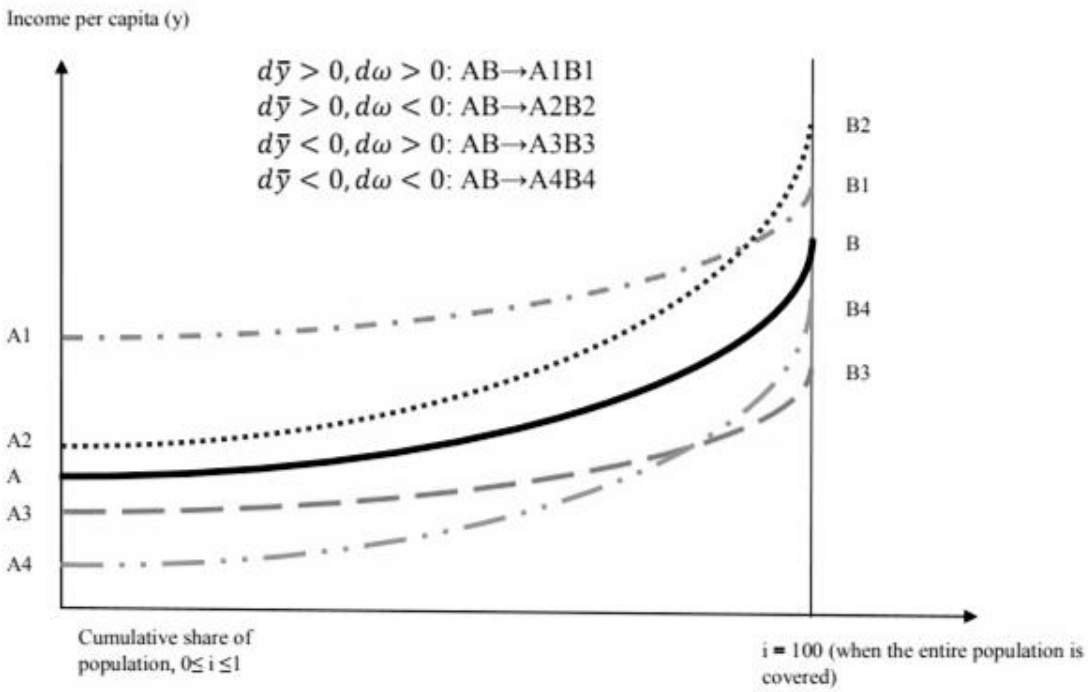
$$d\overline{y^*} = \omega^* d\bar{y} + d\omega^* \bar{y} \qquad 2.16$$

In EQ 2.16 $d\overline{y^*}$ denotes the change in the degree of inclusive growth[18], which implies that: first, growth indicates more inclusive when $d\overline{y^*}$ >0 and secondly, that it allows the decomposition of IG into income growth and change in equity. Hence, the first term at the right-hand side of the equation 2.19 is the contribution of increase in average income, keeping income distribution unchanged, and the second term on the same side of equation is the contribution of changes in the income distribution, keeping the average income constant.

In line with this framework IG is determined by the sign and magnitude of the two terms in the right-hand side of the equation 2.19. For example, in a further illustration if both terms are positive, like, $d\bar{y}>0, d\omega > 0$, growth unambiguously is inclusive see figure 2.4, AB curve shifting to A1B1); again, if both terms are negative $d\bar{y}<0$, $d\omega < 0$, growth unambiguously non-inclusive (see figure 2.4, AB shifts to A4B4). In a robust defence, Anand, Mishra and Peiris (2013) noted possibility of a trade-off situation between $\overline{y}$ and, demonstrated in fig. 2.4 as thus: If the first term is positive while the second term is negative, greater social mobility is achieved at the cost of reduction in equity then the curves shift from AB to A2B2. While, if the first term is negative and the second term is positive, higher social mobility is again achieved at the expense of contraction in average income, curve shifts from AB to A3B3.

[18] Inclusive growth is defined in this case as the change in the social mobility index $d\overline{y^*}$, which is used here interchangeably.

Figure 2-4 Shifts in the Social Mobility Curve



(Source: Anand, Mishra and Peiris, 2013)

Another novelty that is attached to SMF model is Anand et al., (2013) rearrangement of EQ. 2.16 as follows:

$$\frac{d\overline{y^*}}{\overline{y^*}} = \frac{d\bar{y}}{\bar{y}} + \frac{d\omega}{\omega} \qquad 2.17$$

Eq. 2.20 serves as a fundamental relational basis for integrating equity and growth into one single measure of IG. One advantage of this integration is that it necessitates a change from the use of normal simple form of calculating the SMF by calculating an index under the social mobility curve to assessing the degree of change in distribution of growth, which is based on percent change in ($\overline{y^*}$). This advantage is explained by the fact EQ. 2.17 allows a decomposition IG into growth and percentage change in equity, which is measured by ω. Unlike the SOF, this method is equally a method which can empirically assess and quantify IG into relative contributions of equity and growth. This theory is significant to this research which seeks to examine how equity in growth and distribution of income in form of opportunities supported IG.

2.8 Empirical Assessments of Access to Health and Education Services and IG

Most scholars generally contemplate that health and educational services are of strategic importance to IG (Palmer-Jones and Sen, 2003; Fabre and Augeraud-Veron, 2004; Sabir, Hussain and Saboor, 2006; Ali and Son, 2007a; Knight, Shi and Quheng, 2010; Afzal et al., 2012; Anand, Mishra and Peiris, 2013; Anyanwu, 2013b, 2005; Vellala, Madala and Chattopadhyay, 2014; Kolawole, 2016; Campbell, 2017; Raheem, Isah and Adedeji, 2018). This is consistent with the above discussions on the theoretical foundation which maintain that Economic growth, SOF, SMF models are premised in the interdependence between health and education and IG. This implies that health and education are seen as mechanisms capable of bringing IG to the reach of wider group of people in an atmosphere of equal justice and fairness (Ali and Son, 2007a; AfDB, 2013).

Over two decades, the view that health and educational services as mechanisms for achieving IG has occupied the interest of economists such of Van der Berg, Ali, Anwar, Afzal, Awan, etc. Such that scholars strongly defend the strategic importance of Health and educational services, arguing that health and education can be used as mechanisms of enhancing IG implementations (Anand, Mishra and Peiris, 2013; Campbell, 2017; Raheem, Isah and Adedeji, 2018). Along this view, some scholars like; Asteriou and Agiomirgianakis (2001), Pradhan (2009), Chaudhry et al. (2010), Tsamadias and Prontzas (2012), Boccanfuso, Savard and Estache (2013), Uneze (2013), Nowak and Dahal (2016) carried out empirical studies in their perspective countries employing different approaches and confirmed significant and positive relationship between health, education and IG. While literature like; Chaudhary, Iqbal and Gillani (2009), Ianchovichina and Lundstrom (2009b), Kim and Terada-Hagiwara (2013), Zivengwa et al. (2013), Mukherjee and Chakraborty (2014) affirmed mixed results.

On this note; James G Anderson, Carolyn E Aydin, and Stephen J Jay (1993), Clark (2003), Llena-Nozal (2009), and Rumball-Smith et al. (2014), clarify that health services do not only treat the sick and prevent future illness, but also play key role to effective functioning of a country's economy. For instance healthy adults seem to be more productive and children in good health are more likely to do better at school, while, adults in ill-health are more likely to remain unemployed, be absent from work, less productive or quit the job prematurely if employed (Anderson and Baumberg, 2006; Kopp, TOXICOMANIES and KOPP P., 2015). Thus, UK Office for National Statistics, 2012 notes, in Great Britain it has been found that unemployed people are almost twice as likely to be with long-standing disability or illness. This is often one of the reasons why it is observed that companies tend to invest in the economies where there are healthier workforce and at the same time move away from the environment with high burden of disease (Hughes, 2007; Aka and Dumont, 2008; Faux and Ntembe, 2013). In these connections, building on arguments for and against as dual perspectives of IG implementation through the mechanisms of health and education is discussed on a firmer basis as it affects the Nigerian communities.

2.9 Summary

This section explored various arguments for and against IG mechanisms which are vividly captured in the context of HCD in form of health and education. This chapter traced the evolutionary trends in IG conceptualisations culminating in solving socio-economic/developmental problems such as unemployment and poverty (UNDP, 2005; OECD, 2012). Along this view, the chapter further discussed the multidimensional constructs of IG, and based on this, argue that the core constructs relating to the developing economies may differ from the concerns and priorities of the Western economies with some constructs of IG. Evidence of this view will be seen in the next chapter. The section also reviewed the basic theoretical models of IG performance. It is important to note that the relevance of the models has varying implications which are premised in underlining the divergent ways of targeting poverty and unemployment reduction.

CHAPTER 3
INCLUSIVE GROWTH PRACTICES, MECHANISMS AND IMPACTS IN THE NIGERIAN ECONOMY

3.1 Introduction

This chapter presents an assessment of IG practices, the mechanisms and the impacts in the Nigerian economy. Since IG and its mechanisms are so crucial to our study, I discuss IG practices and mechanisms with regard to relevance of using various approaches as strategic means of achieving IG in Nigeria.

In order to achieve this task, this study undertakes to explore how IG fits into Nigerian economy and argues that IG mechanisms may differ according to cross-country specifics (Kolawole, 2016). Against this background, the study will empirically explore this approach to assess the relationships, linkages and impacts, health and education (mechanisms) have on IG implementations (poverty and unemployment reduction) in Nigeria.

3.2 Nigeria As Economic State and Inclusive Growth

Nigeria's territorial boundary as a country was first defined in 1907 and through the amalgamation of the two British colonial Protectorates became a sovereign government of its own in 1914 (Manby, 1999). In function, the Southern and the Northern parts of the Nigeria were administered loosely as heterogeneous unit, though theoretically as homogenous unit by the British colonialists – Governor- General Lord Lugard. Indirect rule of colonial policies were the regional method of administrative autonomy, which promote the centralisation of revenues generated from regional levels by the central government with little attempt to unite their politico-cultural differences (Rwabizambuga, 2005). Forrest (2019) corroborates this view by pointing out that the policies of the indirect rule system by the British did not only accelerate the linguistic and cultural divergence, but at the same time heightened the economic differences in Nigeria, a problem which perdured till date in the federation of Nigeria as highlighted in chapter one.

Economically, since the discovery of oil in Bayelsa state around the territory of Oloibiri of Niger Delta in 1956 and its consequent production to the size of commercial quantity in 1958, oil has consistently become the backbone of the Nigeria's revenue generation. This economically has placed the country as the largest oil producer in Africa, with oil and gas reserves at about 32% and 35% respectively. With these, the country was acclaimed the seventh highest exporter of oil in the world, the fifth highest oil exporting country among the organisation of petroleum exporting countries, and

the fifth largest exporting oil to United State (Reuters, 2010 cited in Okpanachi, 2011; Oyefusi, 2007). Interestingly, the analysis of the oil production in the country has since been rising from 2.5 million (bpd) in 2005, 2.22 million barrels per day (bpd) in 2006, and fluctuates between the range of 2.27 million and 2.4 million bpd till date, and proven oil reserves were about 37 billion barrels (Usman, 2007; Okpanachi, 2011). Recently, statistics have indicated that natural gas reserves since 2010 have been estimated at about 185 or over trillion cubic feet of proven natural reserves, the huge opportunity which has acclaimed Nigeria the world's eighth highest holder of natural gas reserves and the largest in Africa (Energy Information Administration, U.S, 2013). This fact is supported by the contribution from both oil and gas sectors to the country's economy, which amounts to: about 90-95% of the Nigerian export revenues, accounts for about 90% of foreign exchange earnings, generates about 80% of total government revenues, constitute over 40% of the GDP and contribute almost 4% of employment generation (Kone, 2006; Usman, 2007; Edoho, 2008; Okpanachi, 2011; Ogujiuba and Alehile, 2011). Along this view, Ogujiuba and Alehile (2011) remarked that the structure of economic growth in Nigeria is undiversified, while only oil sector generates 95% of total export, manufacturing sector contributes less than 1% of export.

The above exposition has x-rayed the importance of oil sector and revenue to the growth and sustenance of Nigerian economy. Accordingly, Al-Attar and Alomair (2005) further assert that the oil industry does not only serve as the foundation of Nigerian economy, but also stands as the fulcrum upon which the country's economic development pivots. Despite this fact however, the shocks of the socio-economic and political instability which have remained the bane of the Nigerian state, have consistently not favoured the implementation of both micro and macroeconomic policies. This fact has clearly manifested in the non-inclusiveness of all the sectors of income group in the country's economy. Thus, Nigeria's growth trend often records a product of only a section of the population while excluding other constituents of the population. Consequently, this situation has given rise to high incidence of growth with unmatched experience of rapid and increasing rate of socioeconomic adversities; such as: poverty and unemployment, which till date confronts the entire economy (Mesagan and Dauda, 2016; Kolawole, 2016; Raheem, Isah and Adedeji, 2018).

The crucial issue becomes how to fix non-inclusiveness of growth in an economy that for the past few decades had a population growth annually at the average of 2.9% or more with the possibility of doubling every 24 years. This negatively impacts on the economy as about 62% of the total population live below income poverty line of US$1 per day (National Population, 2004, 2009, 2004, 2009; Nwosu, Dike and Okwara, 2014; Jāhāna, 2015; IMF, 2018).

3.3 What Did the Literature Tell Us?

According to extant IG literature, IG is the key to the substance of Nigeria's economy. Since IG conceptualisations is country specific, some scholars like Ramos, Ranieri and Lammens (2013), Raheem, Isah and Adedeji (2018), advocate IG from the point of view of the debates on developmental policies both at regional and international forums; from the policy discussions of different countries and from the statements of academic and policy researchers (Ali and Son, 2007a). Along this view, IG is referred to as one that generates life improvements without discrimination (Ramos, Ranieri and Lammens, 2013). In this case it implies a growth that is characterized with equal opportunities (Ali and Zhuang, 2007).

One of the clear recommendations of IG in literature is that it is a growth to be conceived as both an "outcome" and a "process" which corroborates both "participation" and "benefit sharing" respectively (Ali and Zhuang, 2007; Rauniyar and Kanbur, 2010b; Ramos, Ranieri and Lammens, 2013; AfDB, 2013). Existing literature like Ali and Son (2007a) assert that this IG can be achieved through increasing the social opportunity function of a population which is determined by two factors; average opportunities available to the population and how those opportunities are distributed within the population. In this connection, Ianchovichina and Lundstrom (2009a) note that IG hinges on the pace and pattern of growth including several dimensions, such as; productive employment and poverty reduction and inclusion.

In the light of the above, this study seeks to explore the key conceptualizations of IG to study its impact in the context of Nigerian economy.

3.4 The Measure and Decomposition of Inclusive Growth Mechanisms

In line with diverse conceptualisations of IG, it becomes apparent that IG is a complex and multidimensional construct which lacks consensual definitions, measures and framework (Abdennour and Alwagdani, 2017; Raheem, Isah and Adedeji, 2018; Ranieri and Ramos, 2013b). In acknowledgement, Ramos, Ranieri and Lammens (2013), Abdennour and Alwagdani (2017), Raheem, Isah and Adedeji (2018) further argue that the challenges of successful measurement of inclusive policies and programmes stem from the current lack of universally accepted definition, and as well shortage of robust data for IG. In literature, there is however some agreements on the methods required to measure and analyse IG programmes and policies (Abdennour and Alwagdani, 2017). Alongside this view, the near unison to such agreement proposes that poverty and unemployment reduction are the key elements of IG and argue that, as distinctive characteristics, they are also central to the measures of IG (Ranieri and Ramos, 2013a). Consistent with this view, eminent scholars like Kakwani et al., (2003) decomposed IG into participating in and benefiting from growth and linked them to poverty and unemployment reduction which has been both explicitly and implicitly contemplated in (Ravallion, 2001; Ali and Son, 2007b; Ali and Zhuang, 2007; Elena and Sushana, 2010; Anand, Tulin and Kumar, 2014; Vellala, Madala and Chattopadhyay, 2014; UNDP, 2005).

It is germane at this juncture to explicitly discuss and measure IG in the dimensions of poverty and unemployment reduction, and the linkages involved in IG practices. This analysis will be very relevant to this study as a proper exposition of the various components of IG and the mechanisms will allow us to discern why IG is decomposed and denoted by one or a set of variables in one dimension or the other. It will equally allow us to specify the formulation of hypotheses on how an IG mechanism or policy would affect a component of IG dimensions in the subsequent chapters. For instance, building on two pivotal linkages of IG, McKinley (2010), Ranieri and Ramos (2013b) in their studies in constructing IG indicators denotes "poverty reduction" as an indicator of benefit sharing and "employment" as proxy for participation.

In the same vein, a body of work propose that IG as equity of opportunity can be made available to the reach of everyone in the population through the mechanism of various services like, as access to jobs, health and education (Ali and Son, 2007b). Based on these views, this research therefore seeks to underpin and assess IG components in term of poverty and unemployment reduction through the mechanisms of access and equity of opportunities such as health and education as components of HDI (Ali and Son, 2007a). In order to achieve this aim, it is important to see in the subsequent sections how far these individual components of IG and mechanisms have perdured in the Nigeria's economy.

3.5 Human Development Index (HDI) as Determinants

Scholars and Institutions generally concur with a rival view that HDI as an alternative measure of growth to traditional GDP (formally GNP) serve as a plausible mechanism for transmitting IG to an economy (UNDP, 2015). This rival views suggest that HDI measures are based on the estimations of Human development indicators introduced in 1990, which emerged as readymade measures of IG (Mesagan and Dauda, 2016; Khadija Haq, 2017).

Jahan (2002) and Khadija Haq (2017) maintains that HDI is the crown jewel of all indicators and indices. He succinctly argues that the introduction of HDI and the subsequent publication of the first Human Development report (HDR) brought about a fundamental change in the development perspective. He further buttressed this claim that today development is no longer about economic performance alone, but, most importantly about the people and their well-being.

The central thesis informing alternative use of HDI as a measure lies in UNDP Human development reports which states that the people are both the end and the chief means of development, while economic growth is a means only (Jahan, 2002). Ranis, Stewart and Samman (2006) further, raises concerns that the arguments which flaw the use of GDP as a measure of growth is based on its failure to recognize non-monetary activities including: well-being, household work, unpaid services, and most importantly, its silence on issues like distribution, character and quality of growth. Given this fact, he further notes that the principle that guided the construction of HDI is that the index should be able to measure and explain the basic components of human

development, such as: to acquire knowledge, to live a long life, to have a comfortable standard of living, to be free and to be employed etcetera.

HDI as a concept is complex and multidimensional which constantly evolves into dimensional components. Along this view, Ranis, Stewart and Samman (2006) informs that although these components are unable to be quantified but in order to keep it simple and manageable, a conventional new index was constructed to include only a limited number of variables. This new index originally was based on the choice of adult literacy and the combined primary, secondary and tertiary enrolment ratio as index of knowledge, life expectancy at birth as an index of longevity and GDP per capita adjusted for purchasing power parity as index of access to a number of economic choices (income). As a corollary to this new index, a newer version of HDI finally emerged as a simple aggregate of indicators that would reflect the three key components of human development, which include: (i) Education index, (ii) longevity index, (iii) command over resources needed for a decent standard of living index (UNDP, 2010). Consequently, HDI apparently becomes a comprehensive tool proposed by the United Nations for measuring different countries level of socio-economic development and as well ranking them accordingly (Fukuda-Parr, 2003; Khadija Haq, 2017).

In the real world, some of the importance attached to HDI is premised on the fact that it gives a broader definition of wellbeing and offers a composite measure that is established on three foundational dimensions of human development, including: education, health and income (well-being). Interestingly, its indices are given equal weightings as an added advantage, and the resultant effect of the combined score is used for assessing and ranking country's developments according to their annual performance(AfDB, 2013; Abdennour and Alwagdani, 2017).

In relation to GDP as measure of income, HDI in effect does not replace GDP but instead adds considerably to better understanding of the real position of a society in many ways (Jahan, 2002; Fukuda-Parr, 2003; Khadija Haq, 2017). The central thesis informing this view is that HDI provides more meaningful measure for development than income, guides the policy makers on resource allocations and the ultimate objective of development in terms of well-being, showing that human development gaps can be reduced between nations faster than gaps in income, has promoted different exercises for evaluating, monitoring and generation of more reliable and systematic data. While, GDP by itself only gives little account on how the people in the society breathe and live (Jahan, 2002; Fukuda-Parr, 2003). Similarly, this is why sometimes some countries that record high level of national income will at the same time indicate high percentage of population living in poverty, unemployment, illiteracy, poor health condition, and a huge discrimination based on ethnicity, gender and income (Jahan, 2002; Fukuda-Parr, 2003; Khadija Haq, 2017).

As against the importance attached to HDI, Prof. Sen in his robust argument asserts that HDI can be seen as a deliberately constructed crude measure, proposed as a rival to the GDP which is oversold and over used index that Mahbab wanted to supplant

(UNDP, 2005)[19]. In this perspective, existing literature like Jahan (2002) affirms that HDI shares some shortcomings like other composite indices. He further remarks, that even though HDI shortcomings may not be overlooked but suggests that, if we can live with GDP for nearly 50 years which is also a major composite indicator, then HDI is only 12 years old that deserves a chance (Jahan, 2002).

Based on these absolute goals that HDI tend to achieve in the world of human development, as in; Ali and Son (2007b), Abdennour and Alwagdani (2017), Raheem, Isah and Adedeji (2018), this research makes case for health and education as indicators of HDI as likely mechanisms of IG. Overall, this study undertakes to investigate unemployment and poverty rates evaluating IG, through assessment of the mechanisms of health and education accessibility, in Nigeria.

3.6 Nigerian Economy and the Need for Inclusive Growth

The recognition of and the attention to the importance of IG in developing Nigeria have been triggered by the increasing concern that the proportional benefits of the economic growth in the country have not been equitably shared, as such not inclusive (Folawewo and Adedokun, 2017; Mesagan and Dauda, 2016). IG challenges in Nigeria have been associated with several factors, such as: high level of corruption, increasing rate of poverty, rapid growth of unemployment ratio, low level of human development index, rising rate of terrorism, high inflation rate, huge population ratio, debt accumulation, political instability, increased concern in investment to GDP ratio, rule of laws, rising labour force, stock of capital, bad leadership, sociological and institutional factors (Ogujiuba and Alehile, 2011; Moyib, Ojo and Ayodele, 2017).

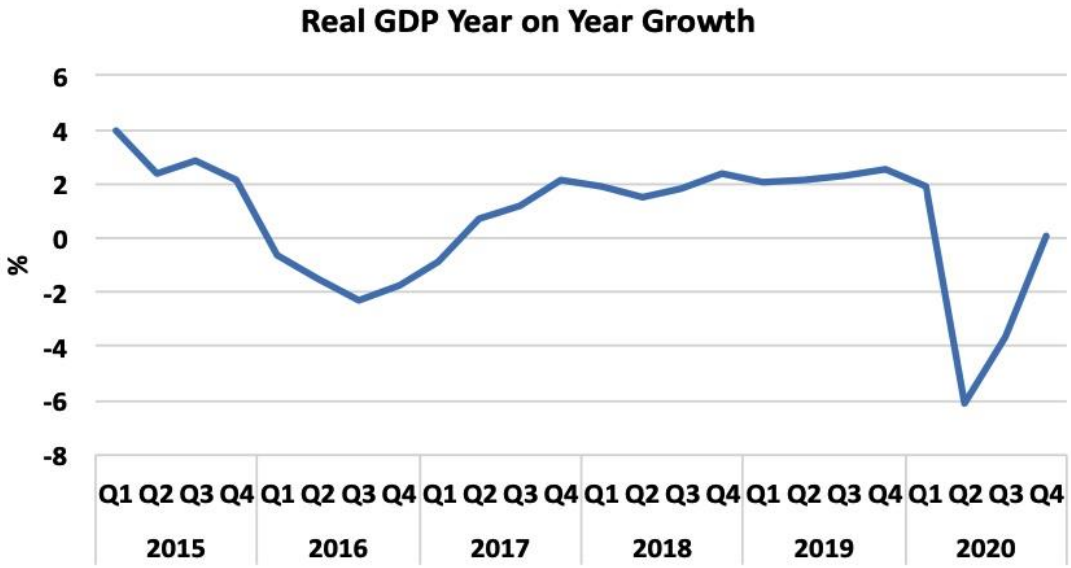
These factors perspectively explain why growth has not been inclusive in Nigeria's economy and the need to pay more attention to IG programmes and policies as alternative to the existing policies through unemployment and poverty reduction and improvement on HCD (WHO and ILO, 2010; Ogujiuba and Alehile, 2011; Moyib, Ojo and Ayodele, 2017).

[19] See UNDP, (1999).

3.6.1 Nigerian Economic Growth Trends

Studies interpreting up to date economic data for Nigeria are sparse and is yet to be digested by scholars of IG. However, available data published by the National Bureau of Statistics covers the period 2015 and 2020, see figure 3-1.

Figure 3-1 Nigerian GDP Growth 2015-2020



Source: (National Bureau of Statistics, 2020c, p.5)

Figure 3-1 indicates the economy entered a sharp recession in 2016, falling from 4% GDP first quarter 2015, to minus 2% by the middle of 2016. Although returning to 2% growth during 2017, GDP levelled off for 2018 and 2019. Whilst 2% GDP growth might be viewed as acceptable for a developed economy, it is below par both historically and structurally for an oil/mineral rich, developing country. In 2020 Nigeria was no exception to the global SARS-CoV-2 pandemic and the economy fell into a second but severe recession falling to minus 6% GDP, as oil demand slumped, and the economy shut. From a low base, the economy recovered during the second half of 2020 but only to no-growth. As Kazeem (2020) points out, the government's Economic Recovery and Growth Plan launched after the 2016 recession is now too optimistic with predicted growth rates of 4.5% in 2019. Kazeem also highlights the government's forecast of 7% for 2020 and 2021, which is also optimistic when compare to a 2.5% forecast by the IMF in January 2020, which is below other sub-Saharan country's rates of 3.5% for the same period. SBM Intel (2020 cited in Kazeem, 2020) states that "Nigeria is at risk of another recession given its over reliance on oil sector proceeds. If oil demand continues to fall with no OPEC intervention in the form of production cuts tightening supply, a country like Nigeria will be negatively impacted by the downward price trend.

But to understand the Nigerian economy in depth, one needs to study and evaluate earlier works by scholars in this field: Nigeria, as an emerging market economy, is classified as a middle-income country with a mixed economy based around oil resources, communications, services, financial and entertainment sectors; but mainly

driven by the oil sector (AfDB, 2013). It is important to note that these sectors over the years have been previously hindered by mismanagement, bad economic reforms and policies and continuously putting the country back on track towards achieving its economic potentials (Akeju and Olanipekun, 2014). Consequently, economic growth was insignificant to impact on socio-economic variables like poverty reduction and employment generation needed to absorb the increasing amount of unemployment. For instance, according to Kanayo (2014) and Ogbonna and Uma (2017) in 1970s Nigeria's economic growth was at an annual rate of 6.3% and in 1980s the economic growth collapsed to -0.3% per annum which was a sharp contrast to the annual rate of growth in 1970s. Growth at this rate perdured until 1990s, when Nigeria witnessed an era of economic recovery with a new growth episode of 4.2% annually. According to reports, it is to be noted that Nigeria's economic activities of the post 1980 period were characterised with variant economic recession followed by a corresponding depression and the consequent economic stagnation.

It can then be adduced that a new trend in the economic growth in Nigeria sparked off beginning from the period of 1990, although still low, but nevertheless represents a significant improvement from its past (Central Bank of Nigeria, 2011 cited in ; Ogbonna and Uma, 2017). Interestingly, it is affirmed that over two decades Nigeria has experienced a rapid and increasing trend of economic growth. According to Campbell (2017), this economic growth episode is partly associated with spectacular economic reforms, policies and programmes that were variously introduced since the beginning of 1990s. For instance, such economic reforms created a favourable condition for economic activities and Nigeria becomes a veritable environment that attracts businesses, trades and investments around the world which boasted Nigeria's economy to such impressive height in Nigeria (IMF, 2018).

Given the current level of economic growth, Nigeria is pronounced as the fastest growing economy in the whole of Africa (Fapohunda, 2012). This is the position that South Africa always rival with Nigeria in terms of the country's economic growth (Anyanwu, 2012). The Nigerian economy, estimated at over US$415.08 billion in terms of GDP, accounts for 55 per cent of the total GDP in West Africa, thus becoming a dominate feature across the region of West Africa (Kanayo, 2014). This further indicated that this trend of economic growth has a few parallel in the history of economic growth, particularly in the continent. For example, Nigeria's annual GDP growth has been averaged between 5.91% and 8.0% from early 2000 until 2016 with little fluctuating trend, like; in the first two quarters of the 2010 showed 8.60% and in the last two quarters of 2010 recorded a low percent of 2.35, while Real GDP also dropped to 7.4% in 2011 from 8.0% in 2010 (National Population, 2004; Index Mundi, 2014 cited in Ogbonna and Uma, 2017; Chete et al., 2014). Interestingly, economic growth in Nigeria year-on-year has grown at average of about 2.84 percent since 2015 except 2.35% increase reported in the previous year (Chete et al., 2014).

Along this view, Babatunde and Adefabi (2005) establish the fact that Nigeria's huge economic growth opportunities including both human and natural resources, non-oil sector businesses and investments, the country is seen as potentially having all it takes to build a prosperous and productive economy, which can significantly reduce poverty, unemployment and provide the needed infrastructural facilities for the population. As

against the backdrop of this view, Ogujiuba and Alehile (2011), and Raheem, Isah and Adedeji (2018) through their empirical investigation report the insignificant impact of such growth in both the macro and socio-economic variables in Nigeria and as such suggests growth exclusiveness.

In a similar observation, the OECD (2012) pointed out the need to address the quality of growth and improve its inclusiveness in Nigeria highlighting poverty, unemployment as the two key problems that the country's recorded growth performance since 1990s has failed to address.

In the same telescope, (Ajakaiye et al., 2015) strongly confirm that part of the key causes of unemployment and poverty despite the country's recorded rate of growth performance border on weak institutions, infrastructural deficits, poor governance, low industrial base and insecurity. In a similar view, Ogujiuba and Alehile (2011) conclude that non-inclusiveness of growth in Nigeria's economy is as a result of de-capitalization (human and financial) and undiversified structure of economy. The reason is that it is observed in Nigeria's economic structure that only the oil sector accounts for 95% of the total export while manufacturing sector contributes less than 1% to the total export. Therefore, this evidence remarkably explains the increasing concerns which suggest non-inclusion in the benefits sharing and participation in the country's growth process.

Strengthened by these facts, it is the aspiration of this study to assess IG; poverty and unemployment through the mechanism of HDI; health and education in Nigeria. It may make sense at this point to examine the crucial issues involve in IG and HDI components in Nigeria.

3.6.2 Poverty Rate and Nigerian Economy

Although the most recent data for poverty rates (2019) is available from the Nigerian National Bureau of Statistics (NBS), the bureau decided to change the method of collecting and recording data: Moving from pen-and-paper interviews to computer-assisted-personal interviews: From month long diary recording of food consumption to 7-day recall. Hence comparisons with prior NBS surveys of 2003-4 and 2009-10 are difficult and should be treated with caution (National Bureau of Statistics, 2020a, p.12). Nonetheless, the key poverty measures in 2003-4, 2009-10 and 2019 are in figure 3-2.

Figure 3-2 Key Poverty Measures 2003 - 2019

	Poverty headcount rate, % of population			**Number of Absolute poor (millions)**		
	2003/4	**2009/10**	**2019**	**2003/4**	**2009/10**	**2019**
Nigeria	64.2	62.6	40.1	80	102.2	n/a
Urban	52.2	51.2	18	28.5	30.3	n/a
Rural	73.4	69	52.1	51.5	71.9	n/a

Source: (National Bureau of Statistics, 2015, 2020a)

As highlighted, comparison of 2019 with historic data is problematic and it is self-evident in the step change from 2003-10 to the 2019 data. However, what is clear is the quantum of poverty in Nigeria. Even a poverty headcount rate of 40.1% for a population approaching 200 million, implies that 80 million are living in absolute poverty. This quantum of poverty persists overtime, 2004, 2010, 2019 and it is the rural poor that shares the greatest burden. Writing for the World Bank, Lain and Vishwanath (2021) confirmed that 80 million Nigerians lived in extreme poverty in 2018/19 prior to the SARS-CoV-2; and they forecast this to rise to 100 million by 2022. They also highlight that Nigeria is home to the largest number of poor people in Sub-Saharan Africa, the world's poorest region.

Most scholars are of the opinion that the definition of poverty as a concept is relative, but often it is associated with the income of individual or group of individuals concerned (Kanayo, 2014). However, the poor are commonly considered as those whose earnings fall below a particular level of income generally recognized as the minimum amount required to provide the basic necessities of life. Consistent with this view, Edoh (2003), Ravallion and Bidani (1994) conceive poverty as a lack of command over basic needs of consumption, signifying a state of insufficient consumption level, which gives rise to insufficient shelter, clothing and food. This is the reason poverty is referred as lack of certain abilities, such as inability to participate in societal endeavour with dignity (Kankwenda and Gregoire, 2001; Kanayo, 2014).

Poverty incidence in Nigeria suggests high rate comparable to the level of country's economic growth. In fact, there is more to poverty in Nigeria than income as a complex issue.[20] The reason is that poverty in Nigeria has great sectorial, regional and gender disparities[21], which contributes immensely to its rising incidence and by extension hampering the development of the economy. Thus, the report of the World Bank (1996 cited in Kanayo, 2014) on Nigeria, 'poverty in the Midst of Plenty: the challenge of growth with inclusion' captures the country's current challenge of poverty. In the same vein, National Human Development Report (NHDR) documented that the major drivers of poverty in Nigeria are: (a) non-inclusive growth (b) lack of access to basic entitlements such as health, education, energy, sanitation, housing (c) unemployment (d) low income (e) joblessness (f) insecurity (g) high dependence on oil (H) stagnating rural economy (I) policy shock (j) macro-economic conditions and (k) socio-cultural conditions.

According to Kanayo (2014), poverty incidence was measured in terms of growth indicators, such as, GDP per capita income, but now a far better and detailed understanding of the dimensions and meaning of poverty has gone beyond income and consumption to include a privation of well-being. So, poverty in this case evolves into lack of shelter, hunger, sickness, joblessness, lacking access to clean water, illiteracy, fear of the future, vulnerability, powerless, loss of freedom, social exclusion and lack of opportunities of representation Ariyo and Jerome (2004). In this perspective,

[20] This implies lack of or limited access to a range of basic services and infrastructures, which include food, health, education, safe drinking water and other basic necessities of life.

[21] See http://ji4d.org/wp-content/uploads/2012/02/NEEDS.pdf.

Adejuwon and Tijani (2012) note that poverty incidence in the developing Nigeria has posed a huge challenge to the government of the country over the years with its stinking effects of deprivation of basic necessities of life. For example, using the US$1-a-day poverty line as a measure of extreme poverty established by the World Bank in 1990[22], it is noted that, in 2012, the incidence of extreme poverty when the population of the country was 140 million was over 70% living below the poverty line. Exponentially, NBS (2010 cited in Kanayo, 2014) reveals that poverty incidence has been on the increase in Nigeria, as it looks, between 1980 to 1985 poverty incidence rose from 27.2% to 46.3%, from 1992 to 1996 it further rose from 42.7% to 65% until its decline to 51.4% in 2004. In 2010 poverty incidence in the same manner increased to 56.1% until 2013 when it slightly dropped to 54.6%. Recently in 2016, it indicated that out of the 187 million about 112 million which is 67.1% of the whole population currently live below the poverty level (NBS, 2016)[23] .

Perspectively, in terms of the rural –urban divide, a rough clue from statistics suggest that poverty level is more pronounced in the rural than in the urban areas Adejuwon and Tijani (2012). Accordingly, in the rural areas poverty rate between the years 1980-1985 rapidly increased from 28.3% to 51.4%. It however decreased slightly during the periods between 1985 and 1996, but astonishingly soared from 65% to 70.1% as from 1996 to 2004 respectively, until its decline to 68% in 2010 and increased to 69.2% in 2013 (Central Bank of Nigeria, 2000; Kale and Doguwa, 2015). Similarly, poverty level in the urban areas though lower than the rural areas still suggest high given the general poverty level in Nigeria. For example, between the period 1980-1985, poverty rate in the urban areas in the country rose from 28.3% to 51.4% before its slight decline to over 46% in 1992 and abruptly rose again to 69.3% in 1996. The year 2004 was associated with a slightly decline in poverty rate at 63.3% as against 69.3% in the previous years, until in 2010 when the rate exponentially rose to 70% (Central Bank of Nigeria, 2000, 2011). Against this background, the available data give a new idea that the increasing trend of urban poverty is expected to continue as a result of the upsurge of rural-urban migration in search of greener pasture and better living conditions (Oyeranti and Olayiwola, 2005; Kanayo, 2014). The situation becomes worse-off when the rural poor choose to move to the city for the purpose of finding employment and income without finding any, and would end up reducing rural poverty by increasing the urban poverty rate (Kanayo, 2014).

It is a common belief that poverty is deep and pervasive in Nigeria and threatens the chances of IG in the country (Kalu and Nenbee, 2013). Accordingly, Kumah and Sandy (2013) maintain that economic expansion in Nigeria does not necessarily mean equity benefit sharing from the increased prosperity, but on the contrary, it is indicative

[22] The US1-a-day poverty line in this case depicts the median poverty lines. It centres on extreme deprivation and represents a very conservative measure of poverty.

[23] See Nigerian Vanguard Newspaper, 12 January 2018; Online; available at https://www.vanguardngr.com/2016/10/poverty-112m-nigerians-live-poverty-line/; Accessed: 12 January 2018.

of the fact that the country's economic growth indicators are yet to demonstrate both vertical and horizontal development among the people.

Under this scenario, it can be inferred that the country is still far from the poverty income target which is one of the agendas of the MDGs. The further implications of this fact suggest that extreme poverty incidence and its magnitude in the country is still significant and efficacious (Ariyo and Jerome, 2004; Igbuzor, 2006a). In the same likelihood, this statistic can be suggestive of the fact that more than half of Nigerian population still lives in extreme poverty and the few that escaped it equally live in poor conditions which may easily slip into extreme poverty as they are vulnerable to shocks. The situation is further exacerbated when Nigeria in terms of income per capita is compared with that of the developed countries like US and UK, the country's income gap despite its spectacular economic growth remains astonishingly wide. The situation becomes extremely worse when it is measured in terms of PPP which is recommended as more appropriate for cross-country comparison (Kanayo, 2014).

Ultimately the statistics on poverty implication in Nigeria motivates the concern suggesting that the country still has a long journey to travel to catch up with the income level of the developed world, and that the country's growth indicators are yet to be developed. Some studies specify that the long-run implication of this growth and persistent poverty will likely end up in the deprivation of access to social mobility services, such as: health and education, exacerbated by extreme poverty leading to many outcomes; firstly, policies and reforms would stall, leading to low growth which would result to circle or generational poverty, secondly, rising absolute gap in income between the rich and the poor of the population and could trigger social and political tensions, thirdly it can slip into extreme form of creating tension that can result to armed conflict and criminal activities as is currently happening in some regions of Nigeria (Kanayo, 2014).

3.6.3 Unemployment rate and Nigerian Economy

A poor record of unemployment has plagued Nigeria for decades. The country has been hindered by a birth rate out stripping the ability of the economy to create meaningful employment as individuals enter the employment market. The country has also experienced repeated economic shocks from oil price collapses and has faced decade long struggles between ethnic groups and terrorism.

Although many scholars focus on the rise and fall of the oil sector, as it accounts for 95% of exports, it accounts for only 6% of GDP, whilst services, agriculture and industry (including. oil) represent 54%, 27% and 19% respectively (National Bureau of Statistics, 2020c, p.7).

Figure 3-3 Nigerian Labour Force Participation 2010-2019

	Labour Force Participation % (Est)									
Sex	**2010**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**
Female	55.3	55.2	52.7	50.2	49.6	48.9	48.1	48.3	48.4	48.5
Male	64.5	64.6	62.3	59.9	59.5	58.9	58.2	60	61.6	63.1
Total	59.9	60	57.5	55.1	54.5	53.9	53.2	54.1	55	55.9

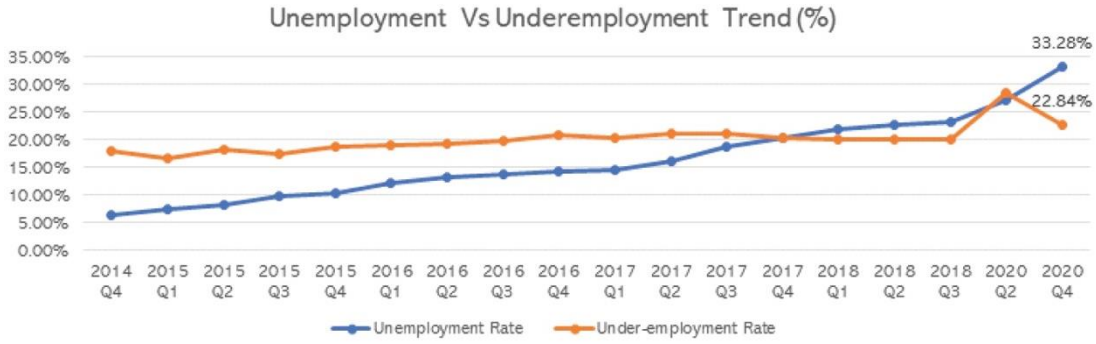
Source: (International Labor Organisation, 2021)

Figure 3-3 tracks the labour force participation rate in Nigeria from 2011 to 2019. Using an adjusted[24] consistent measure it shows a consistent fall in participation from approx. 60 to 56%. But what is revealing, is that the female workforce appears to be harder hit as a result of economic regression such as the 2016 recession with participation falling from 55.3% to 48.5%, a fall of 6.8%, whilst male participation fell only 1.4% over the same period.

[24] Adjusted for international comparison purposes.

Figure 3-4 Nigeria: Unemployment vs Underemployment, reveals more detail in Nigerian unemployment statistics in that it has two constituents of those 'unemployed' and 'underemployed'[25].

Figure 3-4 Nigeria: Unemployment Vs Underemployment Trend



Source: (National Bureau of Statistics, 2020b, p.18)

From 2014 to 2020 there has been a consistent rise in the unemployment rate rising from approx. 7% to 33%. There is a discerning up-tick in the rate of increase from late 2018 to 2020. Over the same period underemployment appears to consistently range from 16% to 21% until late 2018 it follows the same up-tick as the unemployed, but then returns to approx. 22% by the end of 2020. A more considered in depth evaluation is helpful in understanding these recent unemployment statistics:

There is a consensus among some organisations that the total population of any country is generally divided into labour force and non-labour force, whereas the former are those who are currently active while the latter are made up of those who are no longer active to find a job (WHO and ILO, 2010; OECD, 2012). This demarcation is important as it would enable this study to specify the level of unemployment within the economically active persons within the country. Kale and Doguwa (2015) opine that often times the labour force population covers all persons within the age between 15 and 64 years who are able and willing to work whether they have a job or not. They further note that one is typically considered as employed if the person is engaged in the production of goods and services, in a legitimate way receives any money or form of compensation for the activity done, and thereby contributing to the GDP as a component of the national accounts.

On the other hand, the category of persons regarded as not in the labour force include those not within the ages of 15 to 64 (economic active population) and those within the ages of 15 to 64; but are unable to work, not available for work, not actively seeking for work or choose not to work. For instance, underage children like the age of 14 and below, full time voluntary house wives, the incapacitated and physically challenged persons whose conditions prevent them from working, those in full time active military service and adults who are above the age of 65 (Kale and Doguwa, 2015). Along this view, (Kale and Doguwa, 2015) conclude that unemployment as a concept has no

[25] Underemployed is largely defined as those who had not worked for more that 20hrs in the week prior to the unemployment survey (National Bureau of Statistics, 2020b).

universal definition as different countries adopt definitions to suit their own local priorities. But essentially, almost all countries use ILO definition as a standard or a variant of it for computation of unemployment. Accordingly, the concept of unemployment in this case covers persons within the age between 15 and 64 in the population who are currently available for work, seeking for work but could not find work during reference period (ILO, 2016)

This approach further recommends that the international definition of unemployment, employment and underemployment is not a function of the quantity/suitability of wages earned nor it is a function of job satisfaction. Rather, employment, unemployment and underemployment are treated as a function of a person's involvement or otherwise in an economic activity even if that activity is performed solely to make ends meet and not for satisfaction or enjoyment. The suitability of wages or job fulfilment is covered under other indices such as the living standard, poverty rate or happiness index, but not in determining whether one is employed, underemployed or unemployed which is a function of economic engagement (Kale and Doguwa, 2015).

Nigeria just like most countries in the world adopts ILO conception of unemployment as a proportion of those in the labour force who are actively looking for work but could not find work during the reference period. Accordingly, one is unemployed if he/she during the reference week absolutely did nothing at all or did something but for less than 20 hours. A closely related view in this case states that a situation of underemployment also exits within a population. It is germane to note that underemployment occurs when one works for less than full time hours, normally 40 hours, but on average, works for at least 20 hours a week, or if he/she works for full time but are engaged in an activity that underutilizes ones educational qualifications, time and skill (Central Bank of Nigeria, 2000; Kale and Doguwa, 2015). For instance, if rural farmers only work in their farms seasonally, such as during planting and harvesting periods and do nothing in-between will be considered unemployed. But if farmers on the contrary, work both in wet and dry seasons as is rapidly becoming the case at the moment, they will however be considered in full time employment.

The problem of unemployment and underemployment has been an issue of great concern to the government, particularly, policy makers in Nigeria since the beginning of 1980. Moreover, it is important to note that previous years particularly the periods between 1960s and 1970s were unforgettable period in the country, as it was the period when the economy provided jobs that absorbed almost all the job seekers, wage rate was favourable comparable to the international standard, relative industrial peace existed and even considerably imported labour (Abula and Ben, 2016). But for over two decades, the reverse has been the case with the Nigerian economy. Underemployment situation is increasingly and rapidly rising and most often slips into unemployment situation. In confirmation to this current state of economy in Nigeria, the OECD (2015) gave a report that the capacity to generate productive employment in the Nigerian labour market do not match with the rate of growth of labour force. By implication, it means that labour demand is lower than the labour supply which is in excess of its optimal level. Consistent with this view, unemployment situation in Nigeria implies that the country’s labour market generally is dominated by under-

employment phenomenon much more than with outright unemployment situation. This is as a result of the fact that since 2015 the magnitudes of the level of under-employment outstripped the rate of unemployment.

Several studies argue that the unemployment situation in the country was as result of oil boom in the late 1970s which prompted a mass exodus particularly, the youth among the labour force from rural areas to urban areas seeking for work. Consequently, with the global oil crash of 1980 which resulted to economic downturn, the problem of unemployment evolved in an increasing trend, remained unstable and has sustained for decades (Bello, 2003; Umaru, Donga and Musa, 2013). Statistically unemployment rate in Nigeria between 2006-2017 was averaged at 10.63%[26] (Central Bank of Nigeria, 2000, 2011; IMF, 2014, 2018). It is equally contemplated that underemployment trend predominantly indicated more at the rate of 25.8% in the rural areas than urban areas at 10.5 percent given that the nature of job in the rural area is mainly unskilled and menial such as, agriculture and the likes, conversely unemployment rate becomes more in the urban area than rural areas due to population ratio in the cities seeking for white-collar jobs (Central Bank of Nigeria, 2000).

The situation in Nigeria with regard to unemployment is a case of increasing population growth with low level of employment leaving out many unemployed (Akeju and Olanipekun, 2014). Thus, the relationship between the high levels of unemployment rate vis-à-vis GDP growth rate in Nigeria gives room to worry about growth inclusion and justifies the urgent need for the assessment of IG mechanisms in the country for the proper recommendation of the option for better future. Hence, this assessment of IG mechanisms is borne out of the motivation from the damage effect of the consequences of unemployment adversity, which has been severely threatening the whole country's economy in various dimensions (Asoluka and Okezie, 2011). A more devastating effect associated with unemployment is that it is identified as the major cause of social vices, which includes; political thuggery, prostitution, armed robbery, kidnapping, destitution and many more (Ezie, 2012).

Based on these views, unemployment rate becomes a disturbing situation and makes it exigent and credible to cast doubts on IG in the Nigerian economy. Hence, the aspiration of this study to investigate IG through the mechanisms of health and educational accessibility in Nigerian communities.

[26] Ref: www.Knoema.com

3.6.4 Human Capital Development (HCD) in the Nigerian Economy

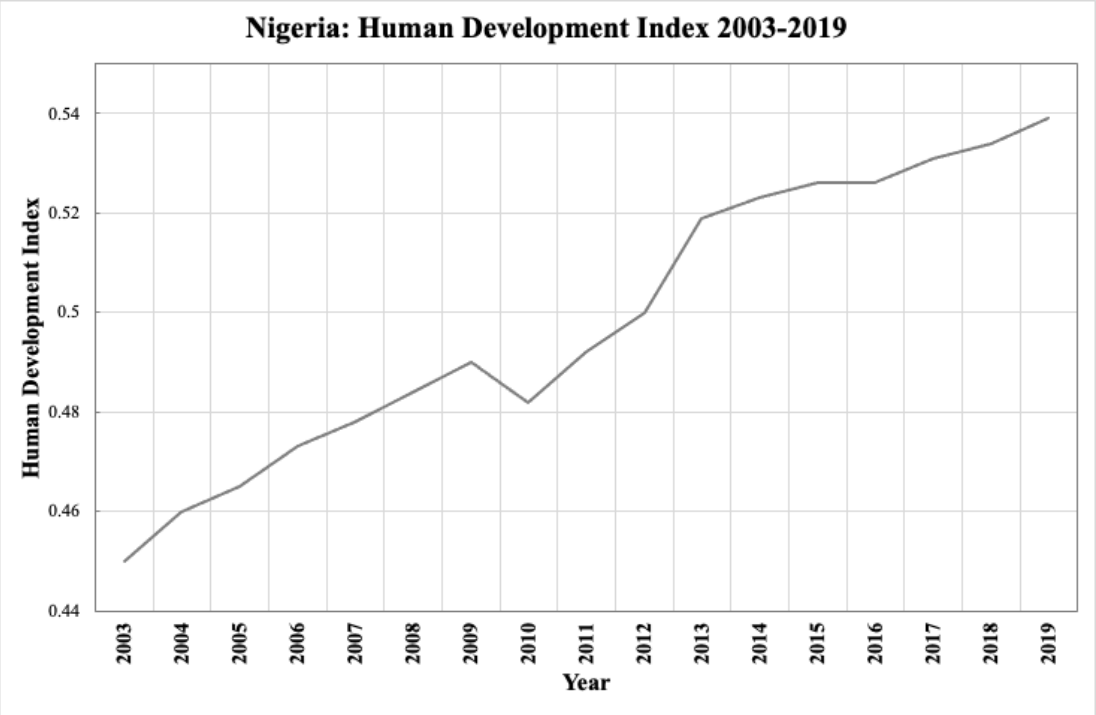
The discussion about HDI in section 3.5 implies that though HDI did not undermine the importance of traditional GDP measures but however adds considerably to a better understanding of the real position of a country in many ways, particularly, development in terms of well-being (Jahan, 2002). So, the crux of the matter is that rating countries growth in terms of income measures through the parameters of GDP is no longer sufficient given the significant nature of well-being of the people exerted through human capital development. Therefore, these seemingly conflicting views on the measures of income growth and well-being of a country as relate to IG have been extensively discussed in sections 3.5 to 3.6.3.

And, from the data implications drawn from these extensive discussions, it can be adduced that growth experience in Nigeria's economy appears not to be inclusive, and probably by extension instead of re-enforcing HCD which in turn is supposed to impact positively is instead impacting negatively on IG. Hence, the rapid increase in the level of poverty and unemployment situations. Thus, Ogunleye et al, (2017) assert that despite all the abundant resources Nigeria has failed to attain the country's full development potentials, particularly, sustainable HCD similar to other emerging economies. In this line of thought, Campbell (2017) proffers that Nigeria in terms of sustainable HCD faces a tougher challenge in implementing the appropriate reforms directed to the health and education sectors as a result of the fact that the country historically has under-invested in these sectors.

It is apparent that the implication of this under-investment in health and education sectors precipitates in the country's continuous decrease in the level of HCD following the HDI rating. Along this view, Campbell (2017) notes that HDI level in Nigeria since 1980 to 2014 has been averaged at 0.50 with its fluctuating trends pointing to an unstable nature of the country's state in terms of HCD. In further analyses, in Nigeria since 2005 the HDI was ranked at 0.47 until the year 2008 when the level slightly increased to 0.48, in 2009 the trend continuously rose at slow rate of about 0.49, in 2010 the trend remained at 0.49, until 2011 when it increased to 0.50, remaining at 0.50 until 2014 when the trend again increase to 0.51 (World Bank, 2014). Consequently, based on the WB's benchmark in countries ranking which indicates that HDI of rank 1 signifies that a country is most developed, Nigeria ranks 152 out of the 188 countries of the world (World Bank, 2014).

More recent data presented by the United Nations Development Programme in figure 3-5 builds on the findings above. Although the trend continues to improve, the rate of improvement is painfully slow, and the country is falling behind relatively. At the present rate of increase of HDI (0.195/yr.)[27]; to reach the same level of HDI as Botswana (0.735 in 2019) it will take Nigeria (0.54 in 2019) until the year 2049 to reach the same level of HDI as Botswana had in 2019. In addition, in 2003 Nigeria was ranked 146[28] out of 177 countries on the HDI index. In 2019 Nigeria fell to 152 out of 177 countries in 2019 (United Nations Development Programme, 2019)

Figure 3-5 Nigeria: Human Development Index 2003-2019



Source: (United Nations Development Programme, 2019)

In a more general narrative the World Bank (2020a, pp.1–2) stated "A child born in Nigeria today will be 36 percent as productive when she grows up as she could be if she enjoyed complete education and full health. This is lower than the average for Sub-Saharan Africa region and Lower middle-income countries." It goes on to comment on key HDI measures for Nigeria: It spends 0.5% of GDP (2017) on healthcare, compared with a regional average of 2.5%. It spends 0.3% of GDP (2016) on social assistance compared with a regional average of 1.5%. It has a government revenue of 8.5% of GDP (2018) compared with a regional average of 20.8%. There is no data on government spending for education available … the regional is 4% of GDP.

So, when Nigeria's position in HDI is compared to both developed and some emerging economies, it becomes germane to state that Nigeria still has a long way to go in terms

[27] Based on HDI(0.54-0.44)/16yr gives an average increase rate of 0.195/yr.

[28] Of countries that submitted data.

of average achievement in the three basic dimensions of HCD including: educational level, long and healthy life and basic standard of living. This stand further reflects in the country's life expectancy at birth data for both 52.8 years and 51.7 years as at the years 2014 and 2015 respectively (Jāhāna, 2015). More so, this fact has been substantiated in the recent country's literacy rate which according to the report of UNESCO 2015 stands at 59.6%.

Cognisance of these facts, it can be argued that Nigerian economy is still characterised with high level of unemployment, poverty and underemployment as a result of low HCD, which pose challenges to macro-economic policies, such as institutional lapses, economic instability, public sector inefficiency and structural impediments. Given the negative impacts of socio-economic trends, growth performance year after year can no longer be sufficient thereby leaving many people out in different dimensions of poverty condition (Folawewo and Adedokun, 2017).

In order to salvage the present situation of economic stagnation in Nigeria prompts the advocacy for IG, which seeks for the wellbeing of all the sectors of economy leaving out anyone (Vellala, Madala and Chattopadhyay, 2014). Again, based on the absolute goals of HDI in the world of human development, as in (Ali and Son, 2007a; Abdennour and Alwagdani, 2017; Raheem, Isah and Adedeji, 2018), this research undertakes this crucial task of exploring health and educational accessibility to assess IG-poverty and unemployment reduction in Nigeria.

3.7 Overview of Inclusive Growth Practices in Nigeria

Historically, since after the Nigerian independence in 1960, poverty reduction, employment generation to absorb the labour force to reduce unemployment situation were established to be the goal focus of the national economic programmes as this would ensure a sustained and rewarding economic growth that should translate to economic development (Kolawole, Omobitan and Yaqub, 2015). Raheem, Isah and Adedeji (2018) argue that from the foregoing, the available data show that Nigeria has not achieved these developmental goals, particularly, in the face of current prevalence rate of poverty and unemployment in the country. What is even more disturbing is that, Adejuwon and Tijani (2012) reveal that poverty and unemployment pervade the Nigerian population to the extent that it has become a daunting task for the government to eradicate. This is the reason why the ADB (2013) advised that the eradication of poverty and unemployment is a major objective in policy formulation and implementation in the emancipation of human beings. And thus, should be a matter of utmost priority both for the policy makers and the government of Nigeria.

The current situation not only mandate Nigerian government to pursue IG in the area of socio-economic dimensions, but also to make IG a pivotal framework in creating economic opportunities and ensuring equal access to them in the government reform agenda. For instance, in a country where growth has been increasingly high but not accompanied by substantial reduction in unemployment and poverty, should need to re-focus on its IG schemes and strategies, specifically on the equality of opportunities

in benefits sharing and participation both for individuals and firms. Accordingly, some extant literature like Kanayo (2014) and Folawewo and Adedokun (2017) attest that, it is evident that there is a huge increase in the output of crude oil regularly produced in Nigeria, but remark the impact of such output is not discernible in poverty reduction and employment opportunities, which may be attributed to the fact that such growth strategy lacks inclusion in itself.

Nevertheless, it is apparent that to address problems of non-inclusion in Nigeria, the governments over the years have put their feet down on a call for IG policies, which have been explicitly and implicitly implemented in different dimensions across the economy (Oyeranti and Olayiwola, 2005). In support of this view, Igbuzor (2006b), and Oyeranti and Olayiwola (2005) expounded this position that Nigeria upon its current IG policies and programmes, equally adopted the MDGs eight points' agenda developed by UN to address the problems of poverty, unemployment and underdevelopment. Subsequently, Nigeria developed a programme and produced a policy document known as the National Economic Empowerment and Development Strategy (NEEDS) which aims at facilitating the attainment of the MDGs (Anger, 2010). Consequently, after this ground-breaking effort it is evident different governments in Nigeria subsequently made enormous effort to develop divergent programmes aiming at addressing the challenges economic growth and to promote IG. In a more robust argument Kanayo(2014) points out that for these programmes to achieve their aim must address the key policy issues in Nigeria which includes: (i) what is the link between poverty and unemployment reduction and their reduction methods in Nigeria? (ii) Do the two reinforce each other? (iii) What are the connections? He further concludes that the solutions to these problems are complex in nature and as such the effective responses to them have not yet come in a wider scale.

Meanwhile, the highlights of the perceptible strategies and programmes introduced by various governments in Nigeria within this study's reference period, targeting IG cannot be over emphasised. For instance, according to some scholars like; Holzman and Jorgesen (2000), Tollens (2002), Edoh (2003), Igbuzor (2006b), Nubukpo (2007), Obadan and Edo (2008), Ahmed (2009), Bouaissa (2009), Pereira and Aubyn (2009), Odit, Dookhan and Fauzel (2010), Kalu and Nenbee (2013), Garba and Abdullahi (2013), Muse, Olorunleke and Alimi (2013), Chude and Chude (2013), Oni, Aninkan, and Akinsanya (2014), Alshahrani and Alsadiq (2014), Kolawole, Omobitan and Yaqub (2015), Kolawole and Odubunmi (2015), Iheanacho (2016), Ola-David and Oyelaran-Oyeyinka (2014), Kanayo (2014), Mesagan and Dauda (2016), Obad and Jamal (2016), Yovo (2017) call for IG in relation to reducing unemployment and poverty in Nigeria has precipitated in the creation of numerous enabling IG policies and operational environment in the country: These includes: Poverty Alleviation Programme (PAP); National Poverty Eradication Programme (NAPEP); National Economic Empowerment and Development Strategies (NEEDS); The Seven-Point Agenda; Wealth Creation from Non-Oil Sector; Educational Excellence Policy; Food Security Programme; Security Agenda Investments; Land Laws and Reforms; Power and Energy Sector Infrastructure; Transport sector Networks; The Nigerian Vision 20: 2020; Transformation Agenda; Human Capital Development policies, Projects and Programmes; The Enablers for Sustainable Growth and Development; Infrastructure

Policies, Programmes and Projects; Job Creation Programmes; Foreign Policy and Economic Diplomat; Public Expenditure Management; Subsidy Reinvestment and employment programme (SURE-P).

Nevertheless, the disturbing question is how far have these programmes impacted IG in Nigeria? It is important to note that though they made some key observable achievements on socio-economic life of the people but the empirical data examination within the economy suggest that Nigeria still has a long way to go in order to catch up with what the programmes are intended to achieve as the impact did not yield the desired result (Ogujiuba and Alehile, 2011). As a result of the failure of these policies to address their targeted goals including the poverty and unemployment plague in Nigeria, then it follows that IG is not ensured in the economy. This view is first supported by the current steady rising trend of poverty and unemployment with low performance in the human development index. Secondly, if the country's economic process is mirrored through the measures of MDGs as specified in eight goals, decomposed into eighteen quantifiable targets and measured by 48 indicators meant to be achieved within 15 years starting from 2000. The result indicates that out of these goals of which reduction in both poverty and unemployment were among, none has been achieved at the end the programme year (Igbuzor, 2006a; Kanayo, 2014). Some scholars like; Idahosa (2002), Oyeranti and Olayiwola (2005), Adejo (2006), Nurudeen and Usman (2010), Okoro (2013), Kanayo (2014) recommend some factors as keys impediments to these IG programmes towards achieving their objective goals. These include: (i) lack of full participation of all the sectors of the economy. (ii) poverty and unemployment reduction programmes often failed to identify specific target groups in the society; (iii) government drive to eradicate corruption was lacking, (iv) government meagre budgetary allocation as a result of their under estimation of the problem, (v) lack of the knowledge of the most useful instrument for IG on the side of the policymakers, (vi) lack of the experiences of the success and failures of the past IG programmes to aid the present and future, (vii) lack of maintenance culture and commitment to the programmes sustainability, (viii) lack of attractive incentives to the banks and other lending houses to be actively involved in the management of the programmes (ix) the size of the loan often obtained and the rate at which it returns on the economic activities are so low that even successful projects already completed could not produce sufficient results to lift borrowers out of poverty trap.

3.8 Empirical Assessments of Health and Education Services in the Nigerian Economy.

Accordingly, the assessment of access to health and education services as IG mechanisms in Nigeria for decades has continued to occupy the centre of debates among policy makers and researchers. The consensual agreement among the researchers is that access to education and health services is identified as the key mechanisms through which Policymakers transmit IG into the economy to bring about a better standard of living for people and improve inclusion (Ali and Son, 2007b; Agu

et al., 2015; Ajakaiye et al., 2015; Kolawole, 2016; Oluseye and Gabriel, 2017). The central thesis informing this consensus is that health and educational accessibility are the possible channel through which the government avails the people the opportunity to benefit from the outcomes and contribute to the process of economic growth leading to both poverty and unemployment reduction (Anyanwu, 1997; Ali and Zhuang, 2007; Kale and Doguwa, 2015; Ayinde and Yinusa, 2016; Folawewo and Adedokun, 2017; Campbell, 2017; Raheem, Isah and Adedeji, 2018). Consistent with the above discussions, as a result of the great importance attached to IG practices, the postulations that exacerbate its implementations through health and education in the Nigerian economy have occupied the interest of researchers (Babatunde and Adefabi, 2005; Kim and Terada-Hagiwara, 2013; Kolawole, Omobitan and Yaqub, 2015).

For instance, some scholars like ; Anyanwu (2013b), Agu et al. (2015), Ajakaiye et al. (2015), Tella and Alimi (2016), Kolawole (2016), Mesagan and Dauda (2016) and Folawewo and Adedokun (2017) employing variant approaches and carried out empirical investigation into the role of education and health in improving IG in Nigeria, reported a positive and significant impact of health and education on IG, thus proposed lack of proper investment in all the indices of HCD as constraints to IG. Conversely, Nurudeen and Usman (2010) clearly demonstrated that total capital spending and government expenditure on education had negative while health had positive effects on IG. From the foregoing, this study will therefore complement the existing studies and make profound postulations on the assessment of IG mechanisms in Nigerian communities.

3.9 Summary

This chapter reviewed the discussions on the inclusiveness of economic growth trend as captured in human development index in the indigenous Nigerian economy. In this section, various arguments both for and against IG practices are explored which are vividly captured in the assessment of IG practices in Nigeria through the mechanisms of access to education and health services. This chapter also discussed different conceptualisations, programmes and applications of IG implementation in Nigeria economy.

This however is also followed by some empirical assessment of IG mechanisms as they impact on IG particularly, on poverty and unemployment reduction in Nigeria's economy. Although with mixed views but most studies conclude like in the developed economies such as USA, UK, that access to health and educational services are the dominant drivers and mechanisms of IG in Nigeria, as over and above others, impact on poverty and unemployment reduction.

CHAPTER 4
CONCEPTUAL FRAMEWORK OF INCLUSIVE GROWTH IN NIGERIA

4.1 Introduction

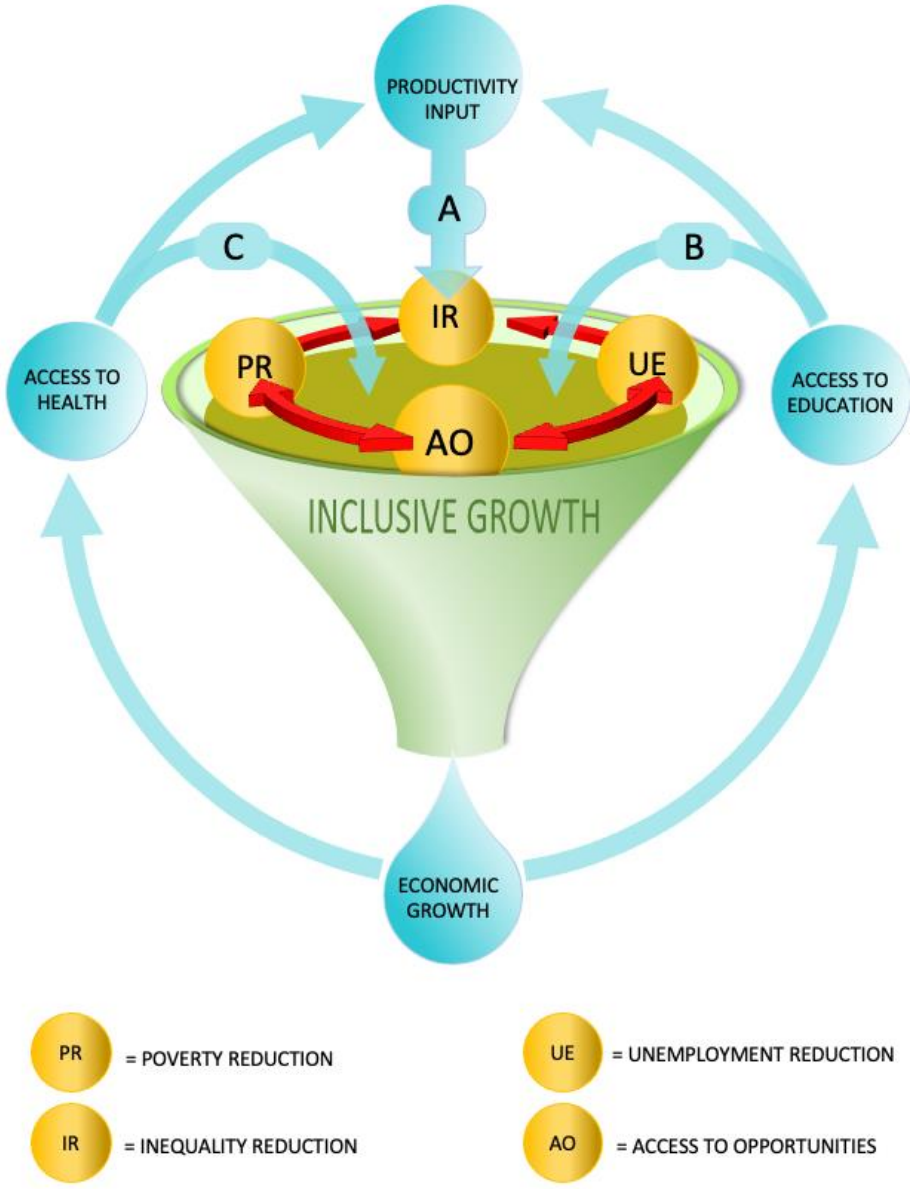
In the previous chapters, this study presents the IG developments in genre and in the context of Nigeria's economy based on the variant theoretical foundations, and other empirical literature in relation to country's specifics. This research following these structures of IG developments formulates the conceptual framework of IG based on the investigation of this study, to be tested in the Nigeria's economy in the preceding chapters of this research. According to McKinley (2010) the indicators and criteria for IG framework are important to be developed as a result of the fact that it guides the monitoring of the country's progress on IG.

Therefore this conceptual framework is related to two strands in IG literature: Firstly, the macro and socioeconomic studies of the relationship between human capital development and IG as in (Barro, 2013, 2001; Krueger and Lindahl, 2001; Ali and Son, 2007a; De La Fuente, 2011); Secondly, the current debate on the role of governance in addressing institutional weaknesses, maintaining the rule of law and need to increase the growth of the economy (Acemoglu, Johnson and Robinson, 2003, 2002; Ali, 2007a; Ali and Zhuang, 2007; Bhattacharyya, 2009). Ravallion and Chen (2003) maintain that it is important when constructing the IG framework, that the 'level of IG' should be equal to the 'distributional correction' multiplied by the 'ordinary growth rate'. Therefore, this section focuses on presenting the conceptual framework of this research with the transmission mechanisms (access to health and education) which serve as a model upon which this study hangs for detailed analysis.

4.2 Overview of Conceptual Framework of Inclusive Growth in Nigeria

The conceptual framework, similar to theoretical framework, which is derived from relevant theories, is a concept that one can be develop by oneself. According to Ekperiware, Oladeji and Yinusa (2017), some concepts that a particular theory operates on may inevitably be utilized to establish the lining of a study. This implies that in a conceptual framework one may model or add one's own variables/constructs/concepts that are likely to be relevant and then test for relationships between them. The conceptual framework, about to be described, is based on the literature review and prior relevant works of scholars engaged in the IG; it expresses how access to health and education services play out in IG in Nigerian economy.

Figure 4-1 Conceptual Framework (Nigerian IG)



Source: Author's work (2019)

Fig 4-1 is a conceptual framework developed from a theoretical framework that encapsulates relevant prior work and literature reviewed in this study and applied to the Nigerian economy.

The conceptual model comprises of three interacting elements.

1. An outer circuit (blue) comprising 'Productivity Input', 'Economic Growth', and the mechanisms of IG; 'Access to Education' and 'Access to Health'.
2. An inner circuit comprising of the determinants of IG; 'Inequality Reduction', Access to Opportunities', 'Poverty Reduction' and Unemployment Reduction'
3. An IG 'Funnel' channelling IG determinants and mechanisms to greater and faster economic growth.

To understand the 'workings' of this conceptual framework: First, consider in isolation to the whole model the outer circuit (blue), which represents established IG thinking. In that, if say a government increases access to both education and health, the economy will grow inclusively through increased 'productive input' identified as entry point 'A'. Similarly, if access is increased to either education or health, individually and directly, the economy will also grow inclusively; these are identified as entry points 'B' and 'C' respectively.

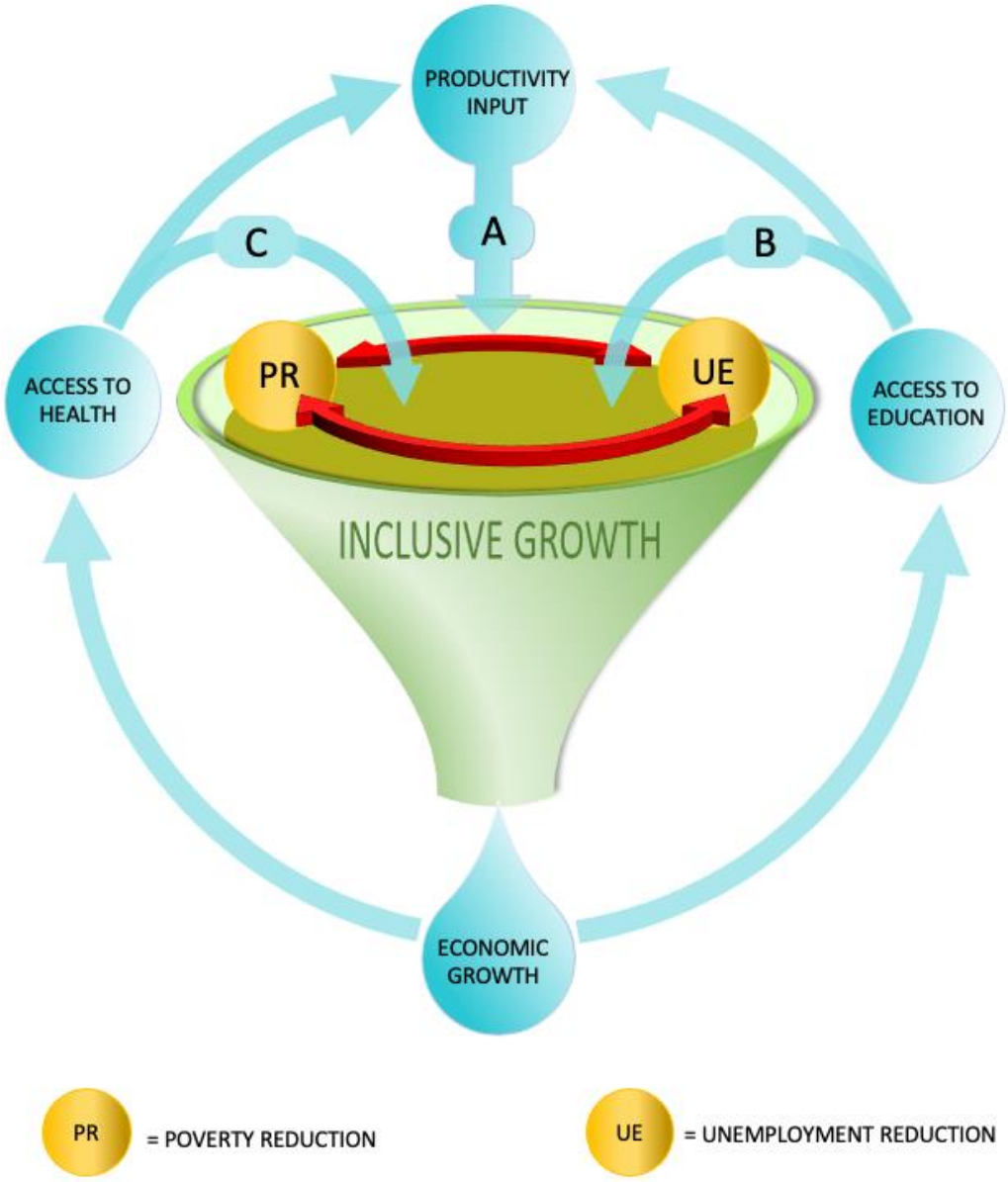
At its core the framework uses a 'metaphor' of a funnel where a liquid enters the top and emerges from the bottom 'mixed', 'focused' and with a greater 'velocity'. This 'function' of a funnel represents the effective use of IG strategies when deployed with some level of success.

Further, the 'mixing' effect found within a 'funnel', represents the interaction (or transmission channels) between the IG determinants; 'Inequality Reduction' (IR), Access to Opportunities' (AO), 'Poverty Reduction' (PR) and Unemployment Reduction' (UR).

These three elements in the conceptual framework, combine to provide a more comprehensive understanding of effective IG. A virtuous outer circuit (blue) that increasing access to health or education, boosts economic growth directly through entry points (B) and (C); or combined via increased productive capacity entry point (A). A virtuous inner circuit of key determinants AO, UR, IR and PR interacting and expanding economic activity. And finally, the funnel of Inclusive Growth (IG) that channels, mixes and as a consequence, gives a greater 'velocity/size' to the whole economy in a virtuous inclusive circle.

Whilst the conceptual framework in figure 4-1 might represent a comprehensive model for the Nigerian economy as a whole, the scope of this study is limited to the Nanka community. The comprehensive nature of this model means it can be adapted to suit particular 'local' situations. Through observation and experience the major challenges, although not exclusive, facing the Nanka community are the IG determinants of Poverty Reduction (PR) and Unemployment Reduction (UR). Hence the conceptual model outlined in figure 4-1 can be adapted for use in this study as shown in figure 4-2 Conceptual Framework (Nanka IG)

Figure 4-2 Conceptual Framework (Nanka IG)



Source: Author's work (2019)

The explanation of the conceptual framework and it's working in Fig 4-2 are the same as Fig 4-1, the difference being that just two IG determinates, Poverty Reduction (PR) and Unemployment Reduction (UR) are considered in the Nanka study.

Using the revised Conceptual Framework (Nanka IG) in figure 4-2, this study:

(i) Examines the available evidence that links IG with access to health and educational services, their inter-connectedness and relationships.
(ii) Identifies some methodological approaches, based on the literature review which might guide and inform policy interventions that improve access to health and education, leading to IG in the Nigerian economy.

The revised framework in figure 4-2 now allows visualisation of how IG in Nanka is impacted through the 'mechanisms' of Access to Education and Health services either individually or collectively as components of Human Capital Development (HCD). In turn these components of HCD interact and affect the other determinants of IG indicators in Nanka; Poverty Reduction (PR) and Unemployment Reduction (UR); paving the way for people's well-being (Ekperiware, Oladeji and Yinusa, 2017).

However, whilst it is understood that increasing access to the mechanisms of IG; Health and Education can directly impact and improve Poverty Reduction (PR) and Unemployment Reduction (UR) individually: It is not readily acknowledged that the determinants UR and PR have a symbiotic relationship of their own, beneficial to the overall objective of increasing IG.

The inner circuit of IG determinates of PR and UR have their transmission channels indicated in figure 4-2 by arrows (Red) and operate multi-directionally. The framework contains multiple feedback loops that make it a complex but adaptive system, capable of responding to potential changes over time due to interventions. By following this conceptual framework, it may be possible to shape policies that; correct factors which lead to non-inclusiveness of growth and promote positive changes that ensure IG. As an example, if an individual has poor health or is uneducated, these are likely to impact on their level of inclusion in any economic growth; because poor health and lack of education compromises their employment opportunities, thus reducing their income and pushing them into poverty.

Hence, the conceptual framework in figure 4-2, not only helps to understand the complexity of – access to health and education services- in determining inclusive growth; but beyond this, can guide the policy choices and dynamics necessary to address the root causes of the problem. By exploring the conceptual framework, policy makers might carefully consider how their policies affect the determinants of IG such as UR and PR, and so be able to discern where and when they will promote positive changes. Consequently, any interventions acting on intermediate IG mechanisms or pathways will likely result in enhancing inclusion in the economy, additionally reducing poverty and unemployment.

However, it becomes germane that such interventions through policy initiatives require targeted and focused approaches for tackling distortions in IG. The conceptual framework in figure 4-2 shows three entry points targeting IG.

For example, directing and mobilising additional recourses to improve access to healthcare in the economy, would play a significant role in reducing non-inclusive growth due to illness/disease, – the entry point for policy implementation in this regard is indicated as entry point (C) in figure 4-2. This is supported by established evidence

that successful rural poverty reduction typically works by increasing productivity of the poor by improving access to health. Such a policy helps to sustain their health and in turn, strengthen their natural gifted man-power needed in employment (Kanayo, 2014).

Similarly, directing and mobilising additional recourses to improve access to education in the economy, would play a significant role in reducing non-inclusive growth due to illiteracy/uneducated, – the entry point for policy implementation in this regard is indicated as entry point (B) in figure 4-2. This is supported by evidence encapsulated by Mesagan and Dauda ((2016) where education is seen as the 'opium of the poor', which as the ability to lift them out of poverty.

Finally, when non-inclusiveness of growth in the economy is as a result of a lack of access to both educational and health services, productive inputs play a significant role by directing and mobilizing additional resources towards improving access to both health and educational services in the economy, - the entry point for such policy implication is indicated as entry point (A) in figure 4-2. This is because, if the poor are gainfully employed with the addition of education and health accessibility, then socioeconomic opportunities created will be more meaningful (Kolawole, 2016).

So, it is proposed that in using the conceptual frameworks depicted in figure 4-1 & 4-2 , government/policymakers, charity organisations and NGOs may have the ability to discern and target IG in both Nigerian economy and in particular rural communities. A key objective of this study.

Given, that IG is conceived as sustained output growth that is based across economic sectors and is capable of creating productive employment opportunities for a large part of a country's labour force; it therefore reduces unemployment and poverty (Ianchovichina and Lundstrom, 2009a; b; Felipe, 2012; Samans et al., 2015). The Asian Development Bank (1999) following this idea, believes that a development strategy that is anchored in IG has two mutually reinforcing strategic foci. In their own recommendations, the first suggests that high sustainable growth should create and expand economic opportunities, the second recommends that broader access to these opportunities would ensure that members of the population will participate in and benefit from growth (Asian Development Bank, 1999; OECD, 2006; AfDB, 2013). This notion is shared in the growth report of the strategies for sustained growth and inclusive development, which is a well-known commission on growth and development. The commission postulates growth inclusiveness, as a concept that encompasses equity of opportunities, employment transitions and protection in the market, to be critical ingredients of any successful growth strategy (World Bank, 2014).

Therefore, following the conceptual framework model (figures 4-1 and 4-2), IG begins from the opinion that economic growth is important but not sufficient for the improvement of welfare (OECD, 2015). Various evidence supports the idea that economic growth only reflects on an increase in the GDP growth and does not translate into growth inclusiveness as in Nigeria (IMF, 2018). One of the reasons for non-inclusiveness of economic growth is that growth dividends may not be fairly and equitably shared among individuals and social groups. Another reason is that wealth

and income growth constitute only one aspect, but beyond wealth and income, people's well-being is shaped by a range of non-income dimensions, such as; employment, education and health status, and these are not captured adequately in GDP measure as a traditional measure for economic growth (Boarini, Murtin and Schreyer, 2015; Samans et al., 2015). Hence, it is recommended that as countries embark on IG strategies, more profound measurement techniques are needed to monitor people's well-being which variously suffer the challenges of the economic threat of income inequality, poverty and unemployment (Ali and Son, 2007b; Ali and Zhuang, 2007). Thus, promoting HCD to include those of the bottom income group in the economy is contemplated as fundamental to ensure equal opportunity, leading to poverty and unemployment reduction. (Azevedo et al., 2013).

In a nutshell, the virtuous cycle envisaged in figures 4-1 and 4-2 indicates that in IG; education and health services as components of human capital development reinforce one another and therefore depend upon each other. The frameworks display access to education and health services to appear as intermediary determinants, due to the fact that they have primary responsibility for the organization of both non-personal and personal education and health service delivery. Accordingly, The WHO and ILO (2010) maintain that health and educational services equally can highly and directly address differences in vulnerability and exposure, by not only promoting equitable access to opportunities but also by improving productivity leading to unemployment and poverty reduction. The conceptual framework illustrates that a country's economy, grows via the mechanisms of 'access to education and health services'; either as individual components or combined components of HCD. This will enlarge the productive capacity of the economy which comes with it an increase in employment. In simple logic, this increase in employment will on its own result in higher incomes for households to spend on both education and health, thereby leading to more people having access to education and health services. When more people are educated and live in good health, their productive capacities will rapidly increase and thus transmit IG. So, the framework in figures 4-1 and 4-2 present a virtuous cycle (either locally or nationally), which can continue to revolve and repeat until inclusive economic growth carries all income groups and leads them to widespread poverty and unemployment reduction: Which are the desired outcomes of IG.

All in all, IG, in terms of poverty reduction (PR) and unemployment reduction (UR) and Human Capital Development (HCD, in form of access to education and health services) assume two-way relationship in operational performance within an economy. This two-way relationship suggests that nations may either enter into a virtuous cycle of high IG and increasing gains of HCD or enter a vicious cycle of low IG and low level of HCD.

So, in-between these two conditions, the levels of HCD and IG are mutually reinforcing, leading towards either a poverty trap or an upward spiral of development. However, it is to be noted that the existence and persistence of these alternative cycles would depend on the strength of the linkages between HCD, and IG as indicated in the conceptual frameworks. Alternatively, it is important to note, that countries experiencing these scenarios may find themselves, at least temporarily, in a lop-sided condition either with relatively poor HCD and relatively good growth or vice versa. In

line with the preceding arguments and objectives of this research it is proposed that: IG can be achieved through the mechanism of increasing access to education and health services in Nigeria.

4.3 Identifying Variables as Building Blocks of Nigeria's IG Conceptual Framework.

A body of work concur that conceptual framework perceives IG as operating within a larger macro and socioeconomic network than growth (Asian Development Bank, 2013). Consistent with this view, this framework model therefore exhibits the key drivers and policy ingredients of IG in Nigeria's economy. First and foremost, a well-known and underlying fact is that the pre- requisite for IG is a faster, equitable and sustainable economic growth (Vellala, Madala and Chattopadhyay, 2014). This view is built on the fact that sustainable economic growth should ensure the citizens the basic socioeconomic amenities in the form of education for all, health for all, food for all, safe drinking water, electricity for all and access to all weather good road. Vellala, Madala and Chattopadhyay (2014) note that these benefits perhaps point to the reason why the emerging economies such as India, China, Brazil and others in the last couple of decades focus more on improving economic growth.

In the above view, it follows that if government addresses the weak institutions to achieve administrative efficiency, this in turn will guarantee distributional equity and ensure IG. Thus, good governance and equity distribution effect of growth will enhance the human capabilities that will impact on economic growth productivity leading to productive employment which is the key driver of IG (Vellala, Madala and Chattopadhyay, 2014). However, productive employment on its own is capable of increasing labour productivity that will result to employment outcomes which is an important outcome of IG. Naturally, employment situation should be capable of absorbing the labour force in the economy to reduce unemployment, and as well bring about poverty reduction. Therefore, any shift in the levels of these indicators of IG (unemployment and poverty) point to the fact that IG assumes significance since it alone would uproot absolute poverty and significantly reduce unemployment in the economy.

4.4 Adaptation of Theories and Hypotheses in the Framework Model of IG in Nigeria

In light of IG conceptual framework model, this section explores the IG key indicators and the likely mechanisms that may possibly work in impacting IG in Nigerian economy. The section further fits into each component variable its IG theoretical relevance, linkages and interconnectivity that best explain their role relationships that may impact IG in the Nigeria's economy. This is why Shorrocks and Vander Hoeven

(2004) and Anyanwu (2013b) maintain that poverty and unemployment level can be reduced at a faster rate when special income distribution policies are applied, and IG strategies are undertaken.

Along this view, in Nigeria, the most important macroeconomic objective remains how to achieve IG and reduce both poverty and unemployment in the country. Therefore, in order to achieve this laudable objective in the country, certain variables which have the ability to accelerate sustainable growth and impact IG have been identified in a framework model. So that through this model, policy makers may make the Nigeria's growth story inclusive. The identified component variables and mechanisms of IG within our conceptual framework are as follows:

4.4.1 Economic Growth Trend

According to Haller (2012), economic growth generally is seen as a process of increasing both the size of national economies and the macroeconomic indicators particularly the GDP per capita, not necessarily in linear but in an ascendant direction with positive effect on the socio-economic sector. To this end, it implies that economic growth can be positive, negative or zero. In this case, economic growth is positive if the size of the annual average rhythms of the macroeconomic indicators are higher than the average rhythms of the population growth, while negative economic growth is recorded when the rhythms of the growth of the population are higher than those of the macro-economic indicators, and finally, zero economic growth is indicated when the annual average rhythms of the macro-economic indicator growth, particularly GDP appears to be equal to those of the population growth. This is mostly the reason why the country's development is a reflective of the size and the quality of economic growth in that country (Haller, 2012)

Vellala, Madala and Chattopadhyay (2014) following this understanding, connected IG to economic growth and argue that the pre-requisite for achieving IG is a faster and sustainable economic growth. This view is consistent with the result findings discovered in some developing countries that the higher the levels of economic wealth measured as GDP per capita the lower the rate of poverty (Anyanwu and Erhijakpor, 2009, 2010; Ulriksen, 2012). More so, Shorrocks and Van der Hoeven (2004) maintain that increased economic welfare on average makes everyone better-off in a country. Sachs (2004a; b) therefore notes that the key pro-poor growth strategy is to ensure that countries "climb the ladder" of economic development.

Given this fact, sustainable economic growth has historically been established as the engine house and the foundational basis capable of inducing IG. In line with this view, Ianchovichina and Lundstrom (2009a) in the context of WB designed a framework in which economic growth is conceived as an engine of IG, that can produce productive employment which has the ability to generate incomes capable of reducing poverty. This implies that economic growth has the primary and ultimate responsibility of reducing poverty and unemployment in the country, for instance, by availing equal opportunities in sharing the benefits of outcomes, and enabling people participate in the process of growth which can be attained through generation of employment opportunities capable of raising of incomes to reduce poverty and unemployment. But

the disturbing question is, "what is the modus operandi for achieving the goals of economic growth? The answer to this disturbing question has spurned a huge debate in the literature among scholars, prominent are the classical and neo-classical economists.

Consistent with their thoughts, the standard view of economic theory is predominantly premised on the recommendation that economic outcomes of the market economies, ranging from the allocation of commodities, distribution of welfare, role of price mechanisms, investment and production plans, are determined subject to extant technologies, endowments and the preferences of the agents that constitute the economy (Foley, 2010). This view is epitomized in the two fundamental theories of IG: the social opportunity function and social mobility function. Along this view, it is believed that an equilibrium condition in welfare economics ensures that the market achieves a Pareto optimal allocation of resources and opportunities, where there is no other arrangement or redistribution of resources that can leave someone better off without worsening the position of one or more persons (Musgrove and Musgrove, 1989). This shows by implication, the impossibility of reallocating the input and outputs that will better improve the welfare of one individual without at least making the other worse off.

More so, the basis for the achievement of this pareto optimality within the free market lie on condition that, there will be perfect competition, perfect information and absence of market failures in form of public goods and externalities (Pennington, 2000; Blaug, 2007). This view corroborates the theory of the invisible hand of Adam Smith (1954), which proposes that an unregulated market transaction will possibly ensure market clearing equilibrium and enhance the pareto optimality allocation of resources. However, it is a known fact that the achievement of Pareto optimality requires the simultaneous fulfilment of all the optimum conditions such that any movement away from top-level conditions for Pareto-efficiency will indicate Pareto improvement, and would make certain that some are better off while others are worse off (Lipsey and Lancaster, 1956; Mishan, 1962).

However, the impossibility of attaining all the conditions that elicited Pareto efficiency which resulted to the failure of the invisible hand to bring about market clearing equilibrium has sparked off the debate on the mechanisms that will make economy more sustainable, leading to the growth that is inclusive in nature both as an outcome and a process (IG). Similarly, as a corollary, this search necessitated the intervention of the state through the deliberate actions of the government in the economy. Such action is based on the effectiveness of the effort of government to allocate revenue generated from the economic growth productively into the key determinants of sustainable economic growth, to make the growth inclusive of all the different sectors that make up the economy of the country. According to Ali and Son (2007a) this role is identified as institutional and governance issues that are fundamental to achieving the key determinants of IG.

Those determinants entail the following: (i) achieving and fostering sustainable growth which can create and expand economic opportunities, (ii) ensuring broader access to these opportunities to the extent that the citizens can participate in the process and

benefit from growth. These opportunities of inclusive economic growth are identified as expanding human capabilities such as access to health and educational services as in this study (Vellala, Madala and Chattopadhyay, 2014). This view in line with the theoretical endogenous growth model is achieved either by increasing the number of goods used in the production process or by improving the quality of existing goods, captures the two fundamental IG theories of (Ali and Son, 2007a; Anand, Mishra and Peiris, 2013). Where in Ali and Son (2007a), IG is conceived in terms of increasing the social opportunity function, which is dependent upon two factors; (i) average opportunities available to the population, and (ii) how these opportunities are distributed or shared among the population. While in Anand, Mishra and Peiris (2013) IG is perceived in terms of social mobility function which hinges on two factors (i) income growth (ii) income distribution, which in order to capture IG must satisfy the following two underlying properties; (i) it is increasing in its argument (to capture growth dimension), (ii) it satisfies the transfer property (to capture the distributional dimension), and any transfer of income from a poor person to a richer person reduces the value of the function.

Based on this, Lucas (1988) and Romer (1986, 1990) following the endogenous growth theory contend that the development and enhancement of a country's human capital can help propel a higher and sustainable economic growth. The theorists reveal that industrialized countries today experience high economic growth and productivity comparable to those in the pre-industrialized period, is as the result of its huge investment on human capital, sustained and developed within the country rather than through international trade. Schultz (1971 cited in Zivengwa et al., 2013) consistent with this view underpins the important role of HCD to economic growth due to its economic value of knowledge, which can concretely be expressed in terms of income level. They further pointed HCD out as the only way to lift the economy to a sustainable path leading to IG.

IG therefore following this view emphasises on both creating opportunities and making the opportunities accessible to all (Ali and Zhuang, 2007). Similarly, growth is inclusive when it ensures all members of the population equal opportunities to participate in and contribute to the growth process regardless of the circumstances of the members (Sen, 1999). In this perspective, promoting IG then would require sound institutions and good policy which particularly will enhance human capital accumulation as the mechanism of IG. It has to be noted that expansion of human capacities cannot ensure equal opportunity for the population if some members of the population do not have access to employment opportunities due the fact of their circumstances, and as a result, face unequal protection of their rights, unfair returns on those capabilities, and have unequal access to complementary factors of production (World Bank, 2014). Such economic and social injustice is often a reflective of weak governance mechanisms, bad policies, market failures and faulty institutional/legal arrangements. Studies have found that the failure in these attributes are acute in developing Nigeria (Kanayo, 2014).

The pivotal role of government in promoting economic and social justice is to address all these policies, institutional and market failures. It is a known fact that economic, social, political and cultural freedom ensure that members of the population should not

be excluded from benefiting, contributing and participating from the new economic opportunities as a result of the circumstance of the individuals, or because they are not members of the certain power groups who control both economic and political decision making(Sen, 1988; Rajan, 2006). As a background to this endeavour, governments in addition need to be capable and efficient, by providing and financing essential services that will accompany the effectiveness of its role in making that economic and social justice available. Thus, this is premised in the expansion of human capabilities (Lucas, 1988; Romer, 1986, 1990; Raheem, Isah and Adedeji, 2018)

4.4.2 Human Capital Framework

According to Adamu (2003), of all the factors that contribute to IG and increase productivity through sustainable economic growth, HCD stands out as a major catalyst. Studies reveal that HCD can be seen in two ways (i) the narrow sense, which is based on education alone, and (ii) the broader sense which adds health component to education. But according to Jhinger(2014), discussion on human capital in its narrow sense has become conventional due to the fact that expenditure on education has the ability of measurement comparable to healthcare. Economists most often fail to go beyond education to as well recognise health as a component of human capital (Schultz, 1993, 2001). Health and education services may be inter-related, but the issue is premised in the fact that most existing empirical studies that analyse the relationship between IG and either health or education did not contemplate this inter-connectivity (Aka and Dumont, 2008). Thus, Human capital in form of health and education have generally been recommended as key determinants for IG (CAFOD, 2018). Along this thought, Adamu (2003), Eggoh, Houeninvo and Sossou (2015) maintain that health and educational services are complementary and suggest that access to them should be jointly increased to achieve efficiency in order to expect positive impact of human capital on IG. As such, access to education and health as components of HCD have been found to statistically connected to a better economic development outcome as well as the practice of IG (Ravallion, 2004). This is because, a good level of education and health enables the poor to be productively employed since labour is their main asset to benefit and participate from economic growth.

In a more analytical way, the concept of human capital is a combination of both capital and human components (Boldizzoni, 2008). According to Bakare (2006) Kwon (2009), human capital formation implies building capital in human or making human a capital, which is an essential factor of production that can be achieved in two different ways; through: (i) the healthiness of human and (ii) requisite skills acquisition from education. This is why Rastogi (2002) conceptualised human capital as behaviour, knowledge, attitude and competency embedded in an individual from the micro perspective. Therefore, development of human capital is perceived as the process by which skilled, healthy, trained and educated persons are increased in an economy (Eggoh, Houeninvo and Sossou, 2015; Ekperiware, Oladeji and Yinusa, 2017). Based on this, Oladeji (2014) argues that human capital is the epicentre of IG, as it corroborates individuals' well-being in terms of social, health, economic, knowledge and political freedom. This implies a link and interconnectivity between human capital and IG captured in human development.

In human development, access to health and education services is essential in productivity since human capital accumulation is shown to be a core determinant of sustainable and faster economic growth that leads to IG (Barro, 1991; Mankiw, Romer and Weil, 1992; Hanushek and Kimko, 2000; Ali and Son, 2007a; Ali and Zhuang, 2007; Maksymenko and Rabbani, 2008). Although a rivalry view documents that the relationship between these variables is not direct as a result of the influence of both economic and non-economic variables but they aid in IG (Kumar, 2006; Bloom and Canning, 2008; Bloom and Finlay, 2009; Azevedo et al., 2013; Hasmath, 2015). As against this backdrop, Hadir and Lahrech (2015) recommend that the most valuable asset in both developing and developed countries is HCD which is concerned with the improvement of "the whole person" including the character, intellect and psychomotor development. Hence, it is the human resources of a nation rather than its material resources or physical capital that determines the pace, outcome and process of its socio-economic development (Sankay, Ismail and Shaari, 2010). Based on this, Harbison (1973 cited in Sankay, Ismail and Shaari, 2010) observe that human resources are the basis for a nation's wealth rather than natural and capital resources which are passive factors of production, and opines that any country unable to develop the knowledge and skills of its citizens and effectively utilize them in the national economy is unlikely to develop anything else.

To achieve development therefore, it becomes imperative that these assets be effectively managed and harnessed. One way to attain this is through adequate access to human capabilities which can be conceived as knowledge, collective skills and intangible assets of individuals that could be explored to create economic value (Schultz, 1993). Along the same idea, scholars like; Ragan and Lipsey (2005), Behbudi, Mamipour and Karami (2010), Todaro and Smith (2012) demonstrate that low level of human capital in Sub-Saharan countries including Nigeria has contributed to numerous socio-economic challenges such as poverty and unemployment.

It is important at this juncture to note that, even though human capital is multi-faceted, but many theories explicitly capture investment in HCD to education and occult other dimensions of HCD such as, investment in health. As against this background, health and educational services re-enforce each other in human capital and as such health is incorporated as an integral part of human capital accumulation closely connected to education (Wei, 2008; Eggoh, Houeninvo and Sossou, 2015). For instance, a healthy population of a country is easier to educate, of which their efficiency to produce human capital would also be high. Inversely, an increase in education also includes the enhancement in health condition, as the educated and healthy condition affords responsible behaviour and aid in productivity (Eggoh, Houeninvo and Sossou, 2015; Folawewo and Adedokun, 2017). This view corroborates the idea that HCD is all embracive and described as an objective or end of development due to the fact that it is a way of fulfilling peoples' potentials by increasing their capabilities (Sen, 1999). This implies empowerment of the people through the benefits of the growth, and enabling them to participate actively and equitably in the process of growth and development (Ianchovichina and Gable, 2012). It is on this note, that human capital development is conceived as people centred strategy of development which enhances

the knowledge, skill, creativity, productivity and inventiveness of people (Sankay, Ismail and Shaari, 2010; Mandlebe, 2014).

Therefore, for growth to be inclusive, it needs to enhance human capabilities to afford the working population of a country necessary for productive employment and qualify them to explore the available economic opportunities (McKinley, 2010; Adedeji, Du and Opoku-Afari, 2013).This is why Ali and Zhuang (2007), Roemer (2013) and World Bank (2020b) suggest that promoting social inclusion leading to IG requires the public intervention particularly in three dimensions: (i) investing in health, education and other social services to expand human capacities, (ii) promoting sound institutions and good policy to advance economic and social justice and level playing fields and (iii) establishing social safety nets that would aid in preventing extreme deprivation. In their own observations, (i) and (ii) are essential to equalize opportunities, while (iii) is needed to provide for the special needs of the people who cannot benefit from and participate in the opportunities created by growth, due to the fact of reasons beyond their control and to reduce the transitory livelihood shocks.

Therefore, it is imperative that, in order to make the working population of the country acquire the required human capabilities necessary for productive employment, allocation of revenue to the development of human capital such as accessibility of education and health services cannot be ignored. This implies providing all the members of the population the means to develop the essential human capabilities that constitute the basic foundation for social inclusion. On this, stand the objectives of this study, which argue that if access to education and health services is improved in Nigeria and made available to all different income groups, human capital, productivity and well-being will improve impacting poverty and unemployment reduction.

4.4.2.1 Functional Statistical Model of Mechanisms of Inclusive growth in Nigeria

In order to achieve the research objectives and questions, this research adopts and expands the IG model of SOF similar to SMF which has been adopted in studies such as (Ramos, Ranieri and Lammens, 2013; De Haan and Thorat, 2013; Tella and Alimi, 2016; Raheem, Isah and Adedeji, 2018). Therefore, this research will adopt and expand SOF model by integrating unemployment and poverty reduction to the existing model.

The model contemplates IG as dependent on average opportunities available to the population and how the opportunities are distributed or shared across the sectors of the population. Opportunity in this case may be conceived in terms of various services including access to education, health, job opportunity. Then, to achieve IG, the underlying function should satisfy two properties (i) it is increasing in its argument (to capture average level of opportunity dimension) (ii) it is increasing the equity distribution of the opportunities). As such, any transfer property of opportunity from a poorer person to a richer person reduces the value of the function (to capture distributional dimension).

Thus, Ali and Son (2007a) postulates SOF as: $d\bar{y}^{*} = \varphi d\bar{y} + \bar{y} d\varphi$

Where $d\bar{y}^{*}$ denotes change in the degree of IG, $\varphi d\bar{y}$ is the contribution of increasing the average opportunity in a population to IG when there is no change in the relative distribution of opportunity, $\bar{y} d\varphi$ is the contribution of the distribution changes to IG when the average opportunity does not change. Therefore, to achieve IG $d\bar{y}^{*}$ there must be increase in both average opportunity $\varphi d\bar{y}$ available to a population and equity distribution $\bar{y} d\varphi$ of those opportunities to a population, i.e. $d\bar{y}^{*} \rangle 0 = \varphi d\bar{y} \rangle 0 + \bar{y} d\varphi \rangle 0$.

This model supports the existence of possible relationship between IG and access to economic opportunities like educational and health services. It captures how IG can be achieved through the maximization of the economic growth "outcomes" and "process" which is IG.

The model even though still questioned, probably because according to Ranieri and Ramos (2013b), Abdennour and Alwagdani (2017) and Raheem, Isah and Adedeji (2018) the concept is still new, but it is a prevalent measure of IG in varying international literature, which compliments neoclassical growth theory by (Romer, 1986, 1990; Lucas, 1988; Mankiw, Romer and Weil, 1992). One good advantage of this model is that typically, the model basically captures how a varying access to these economic opportunities like health and educational services may converge/diverge to either propel or avert IG practices. This theory also enables us to examine how access to and equity distribution of health and educational services may strongly influence IG in various ways. It is based on these postulates that I formulate the conceptual framework model, the hypotheses and the theoretical arguments to be investigated subsequently.

However, the discussion concerning the interaction between IG and human capital is analogous to the case of economic growth and human capital which has been an object of investigation for decades both in macro and microeconomic literature[29] (Pereira and Aubyn, 2009; Odit, Dookhan and Fauzel, 2010). According to Psacharopoulos (1995) and Bouaissa (2009)

, in the macroeconomic aspect, the interaction between human capital and sustainable economic growth has been tested mainly with two approaches: (i) the augmented neoclassical model of Solow (1957) by Mankiw, Romer and Weil (1992) and (ii) the endogenous growth models[30] of (Lucas, 1988; Romer, 1990; Wilson and Briscoe, 2004).

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[29] In accordance with the Mincerian wage equation, (Mincer, 1974)

[30] Following Aghion and Howitt (1988) the role of human capital in the endogenous growth models may be divided into two approaches (i) Nelson-Phelps approach, "N-P Approach" (1966) and (2) Lucas's approach (1988).

With the publication of the seminar paper of Solow (1957)[31], highlights on the methods for accounting growth episode in economy sparks off, which serves as a standard procedure for assessing both the contribution of factor accumulation and multi-factor productivity impact to output growth. However, this standard assessment procedure as in neo-classical growth model in literature stands the test of time for decades and becomes an important benchmark for evaluating growth output. Thus, Aghion and Howitt (2007) observe that the reason is as a result of the fact that the implication of Solow's model for economic growth is parsimonious and at the same time rigorous. Based on this fact, it is contemplated that Solow's theoretical framework gave the basic model for standard growth accounting, which subsequently was developed by different scholars like; Kendrick (1961), Jorgenson and Griliches (1967) and Jorgenson, Ho and Stiroh (2003) and eventually precipitated to the current debate of proper mechanism and has culminated in the human capital.

According to Solow (1957), the basic standard growth model is founded on the neoclassical assumptions which included the following: constant returns to scale in production; full input utilization; Hicks neutral technological progress; diminishing returns to inputs and perfect competition in factor markets. To capture these assumptions, the basic model was tested in Cobb-Douglas production function as follows:

$$\mathrm{Y} = \mathrm{AK}^{\alpha} L^{1-\alpha} \qquad 4.1$$

Where the output (Y) in the above production function is dependent upon the stock of capital input (K); a labour input (L) and the function of time which allows for neutral technological changes (A) that serve as a shift factor for the production function. Based on this, Solow (1957) pointed out that neutral technological change means that any shift in production function will only change the output of a given input but would not affect the marginal rates of substitution.

This basic neoclassical model of growth framework suggests that economic policy does not affect long run economic growth. So, the persistent long run output growth in their own observation can only be caused by technological progress (Aghion and Howitt, 2007).

[31] Craft (2008) gives a deeper understanding that the Solow's seminar work was not even the first paper that decomposed output growth into factor contributions, and also not the first to claim in the United State during 1909-1949 that 7th /8th of labour productivity was due to the fact of multi factor productivity growth. But the growth accounting methodology is found to have been invented by Solow through his interpretation of the shifts and movements of the production function, which also have been described as a "new wrinkle" by Griliches (1996).

Accordingly, growth rate of output can be expressed from equation (4.1) as follows:

$$\frac{\dot{Y}}{Y} = \alpha \frac{\dot{K}}{K} + (1-\alpha)\frac{\dot{L}}{L} + \frac{\dot{A}}{A} \qquad 4.2$$

Where, α and $(1-\alpha)$ denote the shares of capital and labour respectively in the total revenue, and $\frac{\dot{A}}{A}$ describes the MFP growth, while the dot on top of the variable indicates the derivative of the variable with respect to time. In equation (4.2), it is demonstrated how growth accounting decomposed output growth into contributions from both MFP growth and factor inputs. Here, Solow established how factor accumulation can lead to movements along the production function, MFP growth then measures the upward shift.

More so, MFP growth shows that the 'improvement in efficiency' is as a result of unobservable factors involved. For instance, impact of unmeasured inputs like R&D, changes in return to scale, organisational and institutional changes and other intangible factors and errors due to measurements is a reflective of disembodied technological change (Van Ark, O'Mahoney and Timmer, 2008; Inklaar, Timmer and Van Ark, 2008; Erumban, 2008). At this juncture, it is important to note that MFP growth[32], can be expressed as a residual originating from the growth in output that cannot be explained by inputs growth.

Following this view, it is important to note further, that under the assumptions of the competitive factor markets, in the perspective of the above equation model, that α represents the elasticity of output with respect to capital, while $(1-\alpha)$ on the other hand denotes elasticity of output with respect to labour. Then under this scenario in equation (4.1), the production function can be re-arranged following the labour productivity terms like:

$$y = AK^{\alpha} \qquad 4.3$$

Where $y = Y/L$ and $yk = K/L$

[32] The literature broadly gives two methods of evaluating technological factor productivity (TFP) growth. It is also important to note that TFP growth and technical change under the standard growth accounting approach are regarded as identical. Similarly, since technological progress in frontier approach is one part of TFP growth component, then the frontier approach in this case aids in decomposing TFP growth into technical change, scale efficiency effect and efficiency change (WU, 2011)

In this perspective, the growth rate of labour productivity can then be expressed as:

$$\frac{\dot{y}}{y} = \alpha \frac{\dot{\mathrm{K}}}{\mathrm{K}} + \frac{\dot{\mathrm{A}}}{\mathrm{A}} \qquad 4.4$$

However, the emergence of the new growth theory around 1990s has given origin to the inclusion of human capital as an added variable in the settings of neoclassical growth model. The notion of inclusion of human capital began with Denison (1962; 1967) influential contribution to growth accounting literature. This took place when decomposing the recent US labour productivity growth, introduced the idea of adjusting the measurement of labour accounting for the level of education. Along this view, it is recommended that human capital components can be introduced into the settings of production function model in two perspectives. They are: (i) that in growth accounting literature the standard practice is to assume that human capital is a labour augmenting (i.e., quality enhancing) factor Denison (1962) Senhadji (2000), Yao, Müller and Wang (2005); (ii) as in Mankiw, Romer and Weil (1992), human capital can be incorporated as an additional input into the production function.

At this juncture, the growth accounting methodology following the basic model can be extended to incorporate human capital in order to capture the above mentioned two approaches as follows; first, to adjust for the quality of labour, and secondly, as reported in the literature, to correct for the measurement problem. Thus, as augmented by human capital, the new production function now takes the form as:

$$\mathrm{Y} = \mathrm{AK}^{\alpha}\left(L\mathrm{H}\right)^{1-\alpha} \qquad 4.5$$

Where the effective labour ($L\mathrm{H}$) denotes both the product of labour, L and the human capital as per unit of labour H . The above production model demonstrates that output growth depends upon physical capital stock K , $L\mathrm{H}$ and MFP A . MFP in this case can as well be calculated as follows:

$$\frac{\dot{\mathrm{A}}}{\mathrm{A}} = \frac{\dot{\mathrm{Y}}}{\mathrm{Y}} - \alpha \frac{\dot{\mathrm{K}}}{\mathrm{K}} - (1-\alpha)\frac{(\dot{L\mathrm{H}})}{L\mathrm{H}} \qquad 4.6$$

Following the above equation (4.4), the production function model in equation (4.3) can then be expressed in per worker terms as below:

$$y = \mathrm{AK}^{\alpha}\left(\mathrm{H}\right)^{1-\alpha} \qquad 4.7$$

From this equation, the growth rate of productivity can as well be expressed as follows:

$$\frac{\dot{y}}{y} = \alpha \frac{\dot{\mathrm{K}}}{\mathrm{K}} + (1-\alpha)\frac{\dot{\mathrm{H}}}{\mathrm{H}} + \frac{\dot{\mathrm{A}}}{\mathrm{A}} \qquad 4.8$$

In these ways therefore, Mankiw, Romer and Weil (1992) have been able to demonstrate that Solow model augmented for human capital accounts for most of the cross country difference in per capita labour output. The idea that propels this adjustment is that their unadjusted Solow model gives the estimate implying that the

value of capital share of 0.59, which is large, is oppose to the one-third value which is the standard value of evaluation. It is against this background that, Mankiw, Romer and Weil (1992) then augmented the Solow Model text book with human capital. Therefore, this proposed augmented neoclassical model suggests that the long-run growth prediction is similar to the basic Solow (implying equal shares of physical capital, labour and human capitals) model. Hence, the following production function model below is in accordance with their empirical results which are modelled as thus:

$$Y = AK^{\alpha}H^{\beta}L^{1-\alpha} \qquad 4.9$$

Here, H denotes human capital, where MRW (1992), found that both α and β are around $1/3$. So, in this case MFP growth can therefore be calculated as follows:

$$\frac{\dot{A}}{A} = \frac{\dot{Y}}{Y} - \left(\frac{1}{3}\right)\frac{\dot{K}}{K} - \left(\frac{1}{3}\right)\frac{\dot{L}}{L} - \left(\frac{1}{3}\right)\left(\frac{\dot{H}}{H}\right) \qquad 4.10$$

Here also the production function in equation (4.7) can be written in labour production terms as follows:

$$y = AK^{\alpha}H^{\beta} \qquad 4.11$$

When $\alpha + \beta = 1$, then, the growth rate of labour productivity will be represented in the following model as:

$$\frac{\dot{y}}{y} = \alpha\frac{\dot{K}}{K} + \beta\frac{\dot{H}}{H} + \frac{\dot{A}}{A} \qquad 4.12$$

Consistent with these discussions, it is important to note that the popularly acclaimed growth accounting models that are in use in economic analysis are based on (Solow, 1957; Mankiw, Romer and Weil, 1992; Senhadji, 2000). Maddison (1987) and Hulten (2001) in line with this view, emphasised that based on some restrictive assumptions, growth accounting conclusions provide a non-parametric, simple and consistent method of analysis. One important advantage of this growth accounting methodology is that its results do not suffer from the problems associated with cross sectional analysis, due to the fact that cross sectional analysis as a drawback, cannot take into account the time dynamics involvement into production function estimates (Barro, 1991). In its limitedness, growth accounting however does not refer to causation and therefore, do not determine the "ultimate" and "deeper" causes of economic growth, including; ideologies, geography, institution and economic policies, but it is useful for both academia and policy (Maddison, 1991; Barro and Sala-i-Martin, 1995; Acemoglu, Johnson and Robinson, 2003).

This is one of the major reasons why some studies have attempted to integrate both endogenous factors and exogenous forces by using augmented Solow neoclassical growth model in arguing for a sustainable economic growth across countries (Chete et al., 2014; Marvelous, Baba and Emily, 2017). The growth model suggests that beyond

the exogenous forces, that some endogenous factors such as; market distortions, government policy ingredients, education, health and political stability can significantly and positively impact on economic growth, and lift the economy to a growth that is inclusive of all the sectors of the economy (Marvelous, Baba and Emily, 2017). For instance, (Lucas, 1988) features human capital through education stock, while Romer (1990) accounts for human capital with technology through R&D. The papers utilized human capital as a positive external on capital productivity, of which its accumulation favourably influences IG as well as welfare of a community.

Based on this view, as a component of human capital on economic growth, the effects of education is therefore incorporated within the framework growth model of (Mankiw, Romer and Weil, 1992). This model of growth theory highlights the importance of human capital in economic growth and development process giving foundation for IG practices (Kraay, 2004; Berg and Ostry, 2017; Eggoh, Houeninvo and Sossou, 2015). Recently, Ali and Son (2007a), Anand, Mishra and Peiris (2013) further developed and captured IG in their theories of SOF and SMF respectively. Based on this notion, this study argues that increase and equitable distribution of education and health services as human capital components, through the effective policies of the government and quality institutions may likely affect IG and impact poverty and unemployment reduction in Nigeria. As in the subsequent section, even though IG and HCD investigation have attracted both public and academic interests in Nigeria but have often resulted to various findings with no consensus (Ogunleye et al., 2017).

4.4.3 Access to Education services as a Mechanism of Inclusive Growth in Nigeria

The recognition of education as a key determinant that can spur a growth that is inclusive and sustainable precipitates the importance attached to its role in an economy (Glewwe, Maiga and Zheng, 2014; Benos and Zotou, 2014; Mariana, 2015). For Böhm, Grossmann and Steger (2015), it is pertinent to remark that the need to understand the puzzle surrounding the concept, implications and importance of IG is propelled by the questions emerging from the literature concerning whether the expansion of education is capable of impacting a trickle-down growth. This gives the justification why development scholars linked the issues of education with IG (Ali and Son, 2007a; Tilak, 2007a; Manafi and Marinescu, 2013; Mariana, 2015; Böhm, Grossmann and Steger, 2015). Along this view, Adedeji, Du and Opoku-Afari (2013) assert that IG in an economy to a large extent depends on the degree of access to socio-economic opportunities, most importantly education. This is why I argue in this study that improving access to education is likely to impact IG.

Existing literature like Jaoul* (2004) and Ali and Son (2007b) argues that because educational services enhance social mobility and promote equity, it justifies the reason for public intervention in the sector. The reason for this claim is that education plays an important role in promoting IG through the expansion of the range of choices available to the individuals and by increasing the level of participation in the growth process (Mesagan and Dauda, 2016). Indeed, Zivengwa (2013) opine that, education

relates to IG both as a capital good and a consumer good because it serves as an input into the production of other goods and services through development of skill and also offers utility to its consumers. They further assert that education contributes to IG in two perspectives which include the following: (i) education directly impacts IG by making individual workers more efficient and productive, and (ii) indirectly, education transmits IG through creation of ideas, knowledge and technological innovation, either because education is the main input into the R&D sector that produces new ideas and knowledge, or through the process of obtaining education itself.

According to Little (2003), Raja (2005), Bakare (2006) and Adawo (2011) education contributes to IG in defining human beings as factors of production, and as such becomes the first step on the track way of nation's developmental process, as a country is unlikely to develop properly without the impact of education in the economy. Consistent with this notion, Kim and Terada-Hagiwara (2013) layout the importance of well-educated labour force and postulate its absolute necessity in adoption and diffusion of new technology and new methods of production. In the perspective of this study, education becomes an imperative part of human sovereignty and competence, which can lower crime rate, corruption, child labour and terrorism through poverty and unemployment reduction in Nigeria, because, crimes are committed when people are unable to fulfil their basic needs of life (Sen, 1999; Krueger and Malečková, 2003; Fabre and Augeraud-Veron, 2004) Along this perspective, in an attempt to prove that education has such economic objectives as well as other objectives, argue that education triggers IG through many factors, like; improving health facilities, enhancing employment opportunities, improving technological development, reducing poverty and fertility rates and a source of socio-political stability.

WDR 2007 buttressed this view when examining the significant role of knowledge acquisition on developments, highlighting how the difference in knowledge within and across countries, imperfect information, knowledge gap and information failure lead to the failure of markets, impacting negatively on IG and vouches education as the way international institutions and governments in developing countries can address these issues and foster IG. To this effect, Isola and Alani (2012) highlight the justification to investigate the relationship between IG and education in an economy. They further remark that acquisition of knowledge and information is rapidly becoming critical to IG as engineering and scientific discoveries proliferate and assume greater importance in production of goods and services. It implies that as the information exponentially increases, the need for its incorporation in the production process becomes more evident and complex, thus, the ability to acquire and adopt a new knowledge would be a key driver of IG. On this note, Yusuf and Yusuf (2008) makes reference to the quality and argues that the responsibility of producing specialists and high quality manpower belongs to the nation's tertiary educational institutions. Based on the quality in clearer terms, Ravallion (2004), and Adedeji, Du and Opoku-Afari (2013) raised the concern that the ability to educate a country's citizens should not only be determined by enrolment rates and schooling, but also on the country's ability to provide the competencies, knowledge and skills needed to effectively perform in broader society. This means that an accumulated knowledge of labour acquired through skills development, the quality of human resources and quality of education in Nigeria have

a decisive role to play in enhancing economic and social development as well as achieving IG (Tilak, 2007a; Tandi, 2013). Interestingly, in development circle, it is apparent that the inability to utilise education as a transformation power which is a significant tool for poverty eradication is the problem of many developing countries like Nigeria. (Yusuf and Yusuf, 2008) on this note prescribes, that at least universal basic education of the right type for the citizens of a country is an important requirement, which can incorporate and reinforce health sector leading to the right path of sustainable development of any nation. For instance, it has been found out that the level of education of mothers has a direct relationship with the well-being of their children in terms of lowering malnutrition, morbidity and mortality.

This is one of the knowledge gaps in Nigeria that this study attempts to fill. In this connection; Gramlich (1994), Barro (2001), Kraay (2004), Van der Berg (2008), Yusuf and Yusuf (2008), Adawo (2011), Marvelous, Baba and Emily (2017) recommend that access to educational services equally includes; quality public infrastructure, public transports, property rights, electricity networks, security, order, water, quality of teachers, environment and system of education, and suggest that addressing these major problems associated with educational delivery in the country is paramount. Along this view, McKay and Sumner (2008), and Hull (2009) advocate for the urgent need for IG through education for its ability to repeal and replace the current backdrop in socio-economic policies which have failed to improve the stock of infrastructure and the level of literacy in Nigeria over the years[33]. Similarly, Anyanwu (1997, 2005, 2012, 2013a), Sadeghi, Toodehroosta and Amini (2001), Palmer-Jones and Sen (2003), Hughes (2007), Maddison (2007) and Anyanwu and Erhijakpor (2010) are confident that a good environment which guarantee good education can accelerate IG which should uplift everybody at the same time and in different ways in Nigeria particularly communities.

In this perspective, the interconnectivity between education and IG in Nigeria appear not to indicate in the sustainable growth. The central thesis informing this concern is that this sector has always been neglected and as such is facing severe challenges as a result of many factors, which include: low investment in education resulting to poor condition of public sector educational institutions, regional inequalities, gender inequalities, income inequalities, having various and uncoordinated systems of education, unconducive societal environment, high fees in the private sector educational institutions, poor educational policies and poor implementations (Adawo, 2011; Isola and Alani, 2012). Albeit, this remark may likely be true, but it justifies the further need to assess educational impact and propose a way forward particularly in Nigerian communities.

[33] The Sun (2015) 110m Nigerians are poor – Oshinbajo. Retrieved from http://sunnewsonline.com/new.

4.4.3.1 Empirical Reviews on Education as a mechanism of inclusive growth in Nigeria

The results of some empirical research findings on the relationship between education and IG done in Nigeria indicated mixed results; either negative or positive. For instance, where Chude and Chude (2013), Agu et al. (2015) in their perspective methods, examined the constraints to IG in the Nigerian economy. They reported employability challenges as related to poor human capital, particularly education which stems from an inability to transform output growth to job creation. Whilst (Jaiyeoba, 2015) found a positive and significant relationship between education and IG, suggesting improved access to education services.

In a strong support to the objective of this research, Barro and Lee (2010), and Becker et al. (2014) argue that education is a complex concept which exhibits interconnected dynamic relationships with several components of wellbeing such as health, poverty and unemployment reduction. They hitherto acknowledged the significance of education and argue for its importance to developing countries like Nigeria.

4.4.4 Access to Health Services as a Mechanism of Inclusive Growth in Nigeria.

Bakare (2006), Bloom and Canning (2008), Dauda (2011) and Riley (2014) note that a better health condition is one of the primary needs of human beings in particular, and the entire economy in general due to the fact that if a worker is not in good health care, fully nourished and healthy, it becomes unlikely for such a worker to be efficient.

In his study Todaro and Smith (2012) argues that healthy condition is central to well-being as it is an important factor to human beings, particularly the labour force which is central in the economy. This is why Olaniyan and Bankole (2005) vouchsafe for human capital formation of individuals in terms of health services as it may likely redress the poverty situations in an economy particularly rural area. Similarly, Dauda (2011) further reveals that poor health in rural areas of Nigeria is as a result of the insufficiency of government allocation to health-related issues which has contributed to the prevalent rate of diseases such as malaria epidemic. Bloom, Canning and Sevilla (2004), Cole and Neumayer (2006) and WHO and ILO (2010) note the importance of health in an economy and proffers that between developing and developed nations about (50%) of economic differentials were attributable to ill health condition. Accordingly, for WHO and ILO (2010) health can be conceived as an asset individuals possess which has both instrumental and intrinsic value. As an intrinsic value, health is being emphasised as a very important source of well-being. Then in terms of instrumental value, health impacts IG in several ways including: it increases productivity due to better nutrition of labour force; it reduces production loses as a result of workers illness, it lowers the rate of absenteeism and enhances skill learning among school children[34].

[34] Ref; Commission on Macroeconomic and health, (2001)

In another perspective, it is important to note that health services also include access to all those activities whose primary objective is to protect, maintain, re-establish, and improve health in an economy (WHO and ILO, 2010). This implies that health services in a broader sense occur both within and outside the health system. Health services outside the health system include access to infrastructure for sanitation, potable water, nutrition and housing, while access to health services within the health system includes: reduction of premature death and treatment of pathologies, disease prevention, health promotion, providing care for people with chronic diseases, health related handicaps or disabilities, deficiencies, provision and management of public health care, putting measures to develop health programmes, health insurance and other mechanisms of financing health care (WHO and ILO, 2010; Raheem, Isah and Adedeji, 2018).

Based on this awareness that a flurry of studies on different perspectives of health services in terms of their importance in IG began around early 90s[35]. In light of this view, Fogel (1994), Barro (2013) and Jamison et al. (2003) established a strong and positive link between health within and outside the health system and IG. In a robust argument, studies like Wolgemuth et al. (1982), Strauss (1986), Strauss and Thomas (1998) and Schultz (2001) buttressed this fact when documenting how improvements in nutrition and health promotes income correlate with productivity while health care cost implication can push households into selling of productive assets leading to long-term poverty. This implies that health is crucial to human capital accumulation and labour productivity since it affords individuals those opportunities to contribute their maximum potentials to the economy and development of society leading to IG. (James G Anderson, Carolyn E Aydin and Stephen J Jay, 1993; Asian Development Bank, 2013). Therefore, it is argued that health services are likely to impact IG in Nigerian communities.

4.4.4.1 Empirical Reviews on Health Services as a Mechanism of Inclusive Growth in Nigeria

Several studies document that the relationship between health and IG is significant and positive while a few others report otherwise (Piabuo and Tieguhong, 2017). For instance, Elmi and Sadeghi (2012) employed panel co-integration causality and VECM on a sample of developing countries including Nigeria from 1990-2009 to verify the relationship between health and IG, and thus reported a short-run relationship spinning from health services to GDP as well as a bi-directional relationship in the long-run. Conversely, Yumuşak and Yıldırım (2009) using the co-integration method carried out a similar study in Turkey during the period of 1980-2005 and indicated a negative relationship between health services and sustainable economic growth. Tella and Alimi (2016), in the 14 African Countries including Nigeria, adopted the method of Operational Market Factor OMF to investigate the impact of health and population growth on IG during the periods 1995-2012 and

[35] Follow (Barro 1990) for detailed theoretical studies on the impact of health as one of the most important components of human capital on growth.

reported that population growth impacts negatively on IG while health sector is fundamental to improving IG in Africa.

4.4.5 Productive Employment: 'Entry Point A' to Nigeria's Inclusive Growth

In addition to access to education and health services as indicators of HCD being a prerequisite for achieving IG, it is germane to understand that productive employment is one of the major determinants of IG since employment outcome is significantly linked to the outcomes of IG within a population (Raheem, Isah and Adedeji, 2018). Productive employment is the surest way of achieving IG, as through it individuals contribute to growth process and participate in the growth outcome by receiving income (Oyeranti and Olayiwola, 2005; Kolawole, 2016). Along this understanding, Chimobi (2009) examines the impact of government allocation on community and social services and found out that education and health are capable of increasing the productivity of labour and also raise the national output growth. Therefore, this research study argues that education and health are two integral components of human capital that reinforce each other to make individual more productive, lead happy and useful lives and contribute to the goals of socio-economic growth process. Consequently, citing one component above another as more important, is likely to undermine its significance. This is due to the fact that an educated individual who is unhealthy is likely to be as inefficient as an uneducated individual who is healthy.

This is why many studies agree that there is a strong relationship between productivity and decency or quality of jobs capable of poverty reduction (Felipe and Hasan, 2006; Ali and Son, 2007a). They further explain that decent or productive jobs should have the ability to provide social security, a fair wage rate, offer good working conditions, allow a voice at work and improve job opportunities for reducing unemployment. The productivity of labour is the opposite of "working poor" situation, of which absence of economic activities are not the sources of their poverty, but that it is the lack of decency or low productivity of those economic activities. It then holds that, the key element of promoting IG is to ensure that sectors of economy earn a fair level of income from their work and enjoy decent working conditions (Ali and Zhuang, 2007). Thus, CAFOD (2018) observes, if participation is considered as an integral part of IG, then productive employment serves as the main conduit for both the poor and the rich, to contribute and benefit from growth.

However, it is on this basis that studies recommend that one of the major instruments for a sustainable IG is proposed to be productive employment because it creates new jobs and generates income for individuals (World Bank, 2014). Along this view therefore, the ability of the individuals to be productively employed is dependent on the degree of access to the opportunities available in order to maximize the use of resources as the economy evolves over time. The crux of the matter will therefore centre on how to expand the capacity of individuals and strengthens the productive resources on the labour supply side, as well as on how to increase opportunities for productive employment on the labour demand side. The answers will tantamount on the combined mechanisms of access to education and health as components of HCD

(Webber, 2002; Ram, 2007; Ogunleye et al., 2017). This is why an investigation of the relationship between IG, education and health has been continuous with conflicting results in both theoretical and empirical studies, which often is attributed to differences in the indicators and methodologies (McDonald and Roberts, 2002; Gavaza et al., 2010; Eggoh, Houeninvo and Sossou, 2015).

In light of the foregoing, I propose that improving access to education and health services both as individuals and combined components of HCD is capable of productive employment leading to IG in Nigeria.

4.5 Summary

This study section presented the conceptual framework of IG in Nigeria following the theoretical arguments, functional statistics and the hypothesis to be tested based on relevant theoretical models. This has been supported by the hypothesis's development in other empirical literature which hypothesize on the possible nature of relationship between improving access to education and health services and IG and their causal effects in Nigeria. Premised on these theories, the next chapter explores the methodology for this study.

CHAPTER 5
RESEARCH METHODOLGY FRAMEWORK

5.1 Introduction

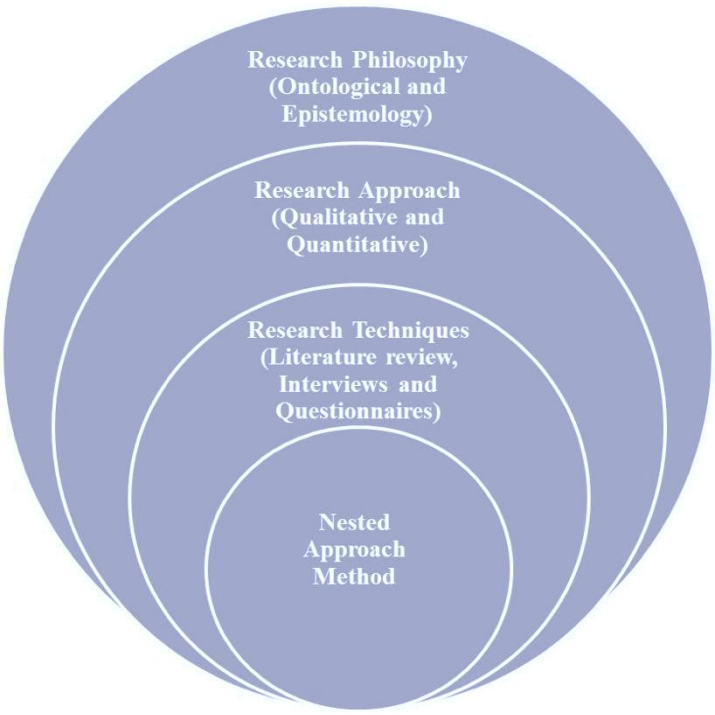
This chapter discusses in general the basic principles and concepts associated with research methodology and, to achieve the aim and objectives of the research outlines the approach adopted for this study.

5.2 General Notion of Research and Research Methodology

The notion of research is conceived to be an organised and systematic attempt to conduct an investigation into a problem that requires a solution (Neuman and Neuman, 2006). While Fellows and Liu (2015) describe research methodology as a procedures and principles of logical thought process that are applied to a particular investigation. Remenyi (1998) recommend that the basic determinants for choosing a proper research methodology stems from; the resources available, the specific research questions and the topic of the research. Thus, Peters and Howard (2001) advise that whatever the method is chosen, that a good research must be focussed, systematic, rigorous and integrated.

Based on the above, due to the complexities of the underlying concepts involved in this research which are shaped by community perspectives as well as contexts, motivations and beliefs of both individuals and diverse groups involved within the country Nigeria, a nested approach is explored for the development and designing of the research methodology proper for this study. However, this approach as in literature is a combination of three interrelated themes which are as follows: Research Philosophy, Research Approach and Research techniques (Neuman and Neuman, 2006). Following this approach, the researcher is guided systematically and rigorously with focus through stages to the result. For instance, it begins with understanding the philosophical stance of the research, which will form the basis for defining the assumptions of the research approach and finally guiding to the adoption of proper research techniques. The three nested approaches are as follow:

Figure 5-1A Nested Research Methodology Approach



Source: Neuman and Neuman (2006)

5.3 Research Philosophy

The word philosophy is a combination of two Greek words viz; philos meaning "love" and sophia meaning "wisdom" i.e. "love of wisdom" (Cavalier, 2003). In the same view, Ruona (2016b; a) opines that philosophy corroborates wondering how concepts work, thinking about questions, trying out ideas and thinking of possible arguments for and against them and making interpretations on them. Along this line, it is believed that philosophy forms the framework of thinking, improves the alignment between what we think and what we do and develops capacities of thinking (Honderich, 2005).

Based on these views, Easterby-Smith, Thorpe and Jackson (2012) highlight the needs to understand research philosophy as follows: (1) it helps to clarify the research designs by underpinning which design is appropriate and which is not, (2) it helps to create and identify designs that may be outside the researcher's experience. Accordingly Bryman (2003) outlines the two key philosophical schools of thought in social science which includes: ontological and epistemological considerations.

5.3.1 Ontological Consideration

Ontology, accordingly, Fitzgerald and Howcroft (1998) refers to a logical investigation of the various ways different things are thought or believe to exist. They further identify types of ontological position including realist and relativist positions. In this case where, realist position looks at external world as made up of tangible and hard ideas which pre-exist independent of human ability to either conceive or acquire

them, then relativist position considers a multiple existence of realities as subjective constructs of the mind (Fitzgerald and Howcroft, 1998). Therefore as realist position is not concerned with idealistic or abstract view of life but practical, then, relativist position conceives reality as socially transmitted terms and differs according to culture and language such that concepts like truth and falsehood, right or wrong, goodness and badness can vary from situation to situation or culture to culture, (Fitzgerald and Howcroft, 1998).

5.3.2 Epistemological Consideration

According to Bryman (2003) epistemological consideration is concerned with the question of knowledge of acceptability in a discipline and often deals with the question of "how we know" and the process through which knowledge is impacted. Epistemological positions are grouped into two different strands such as: interpretivist and positivist (Love, Holt and Li, 2002; Bryman, 2003). The positivist epistemological position lays emphasis on the use of natural scientific method to study social reality with the view that the world conforms to fixed laws of causes and effects in such a way that complex issues can be tackled by application of fundamental or simplified approach (Love, Skitmore and Earl, 1998; Bryman, 2003).

This strand advocates for objectivity, repeatability and measurement (Fitzgerald and Howcroft, 1998). Hence, it affords a researcher the opportunity of being objective to detach oneself from the research situation and carry out a neutral observation of reality involved in the research without bias. Conversely, the interpretivist epistemological position as oppose to positivist denied the scientific model application to social study. It favours the view that there is no universal truth and lays emphasis more on the relativism of the context (Fitzgerald and Howcroft, 1998).

Thus, arguments for and against two epistemological paradigms abound (Susman and Evered, 1978; Seymour, Crook and Rooke, 1997; Harriss, 1998; Bryman, 2003).

A positivist considers that society consists of 'social facts' that have a coercive control over individuals and their actions might be explained by social norms they have been exposed to through social interaction. Therefore, research might uncover laws that govern human behaviour, just as scientist do in the physical world. Hence the use of quantitative methods that seeks for logical, reliable, empirical and repeatable data; allowing a researcher to remain detached from respondents.

Interpretivist approach on the other hand posits the impossibility of creating a generalisable theory since two individuals may reach different conclusions in observing the same phenomenon based on their background beliefs and preconceived notions.

Table 5-1 Philosophical Consideration Summary

Ontological Considerations

Realism	Relativism
• Existences of structures independent of human ability to acquire knowledge of it. • External world comprises of pre-existing tangible and hard structures	• Perceptions about reality are conditioned by varying transmitted social terms. • Existence of multiple realities is as a result construction of the mind.

Epistemological Consideration

Positivist	Interpretivist
• World conforms to the causation law and as such complex issues can be reduced through reductionism. • Natural science methods are applied to the study of social reality and beyond.	• Interpretation and understanding come from the researcher's own point of reference. • Absence of universal truth where emphasis laid on the realism of context.

(Fitzgerald and Howcroft, 1998; Bryman, 2003)

5.3.3 Adopted Philosophy for this Research.

The perceptions and understanding of the objectives addressed in this study differ within and between different individuals and groups, as such this research following the above has adopted the realist ontological position. The reason being that there has been a pronounced evidence of successful IG practices across countries in literature. Hence, the various methodologies in the literature can be utilised and adapted in practical to this effect rather than abstract fashion as the case in other sectors. Again, since this research tends to study the macro level of IG through the investigation into the micro level, the research epistemologically believes that individuals and groups under consideration by nature are local and operate under different economic and social periscopes. More so, the research understands that the perceptions and positions of the various stakeholders representing different sectors that take part in this research may reflect both their values and frames of mind. Consequently, the adoption of interpretivist epistemological position emerges in this research.

5.4 Research Approach

Research approach is generally referred as research strategy or method (Yin, 2002; Cousin, 2005; Jankowicz, 2005). This implies a procedure a researcher explores in carrying a research, evolving in a particular style and engaging different methods. Along this view, Easterby-Smith, Thorpe and Jackson (2012) highlight that research approach also corroborates the type and sources of evidence to be collected as well as

the way a researcher goes about the interpretations used to obtain satisfactory answers to the research questions raised.

Based on this view, Yin (2002) raise a concern that the determinants of the choice of an appropriate research approach should include: nature of enquiry and type of questions raised; extent of control a researcher has over the actual behavioural events; and the level of attention on contemporary events. However, the research approaches utilised in both social and economic research are commonly grouped into qualitative and quantitative Cooper and Emory (1995), Baumard and Ibert (2001) and Collis and Hussey (2013) and a mixture of both approaches (commonly known as triangulation) (Smith, 2001; Neuman and Neuman, 2006).

5.4.1 Qualitative Research

Most scholars agree that qualitative research approaches originally erupted in the social sciences as a guide to researchers to research socio-economic and cultural phenomena (Creswell and Plano Clark, 2011; Bell, Bryman and Harley, 2018). It is defined as an inquiry process of understanding based on the distinct methodological traditions of inquiry that utilises both human and social experience (Creswell and Plano Clark, 2011). Consistent with this view, Bryman (2003) and Bryman and Harley (2018) remark; that qualitative research is concerned with the process of inductive methods in relation to the theory, and stresses on words rather than quantification in collection as well as in analysis of data. It is exploratory and subjective in nature as well as attitudinal (Frechtling and Sharp, 1997).

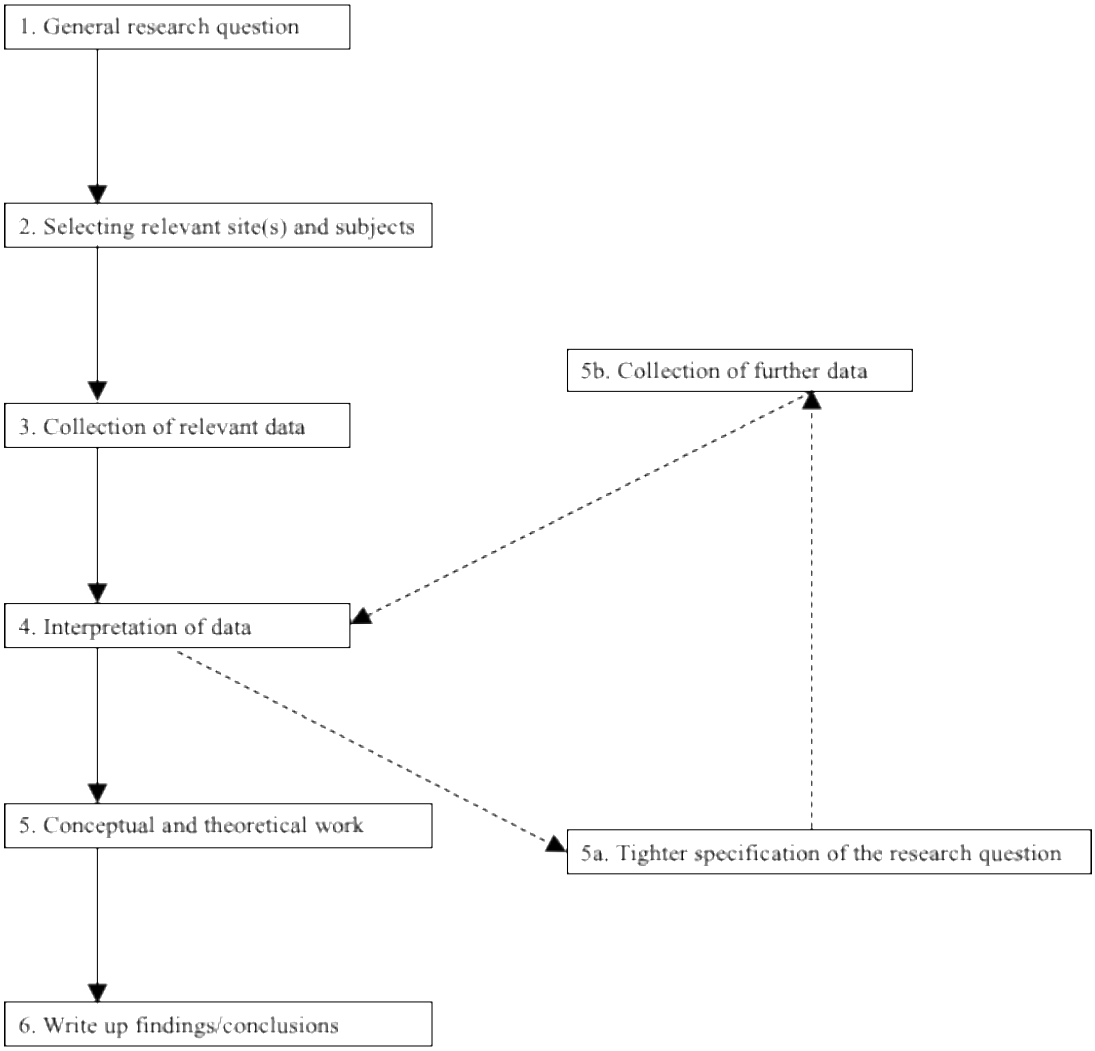
Thus, Neuman and Neuman (2006), and Creswell and Plano Clark (2011) respectively state that qualitative researchers on one hand rely on critical or interpretive social science which often follows a non-linear research process, and on the other, assume that reality is not divisible into measurable, discrete variables. As such, qualitative data as it concerns people's "lived experience" are basically suited for locating the meanings people place on events, structure and processes of their lives in terms of assumptions, presupposition, perceptions and prejudgments (Amaratunga et al., 2002).

Therefore the 'language of the approach' in regard to context and cases, seeks not to change data into quantities, but help analyse; statements, transcripts, interactions and to identify trends, links, patterns and beliefs. This is because the aim of understanding a phenomenon from the point of view of the participants based on its institutional and socio-economic perspective is often lost if textual data are quantified (James G Anderson et al. 1993 cited in Maxwell and Kaplan, 2005).

In this case, Sherif and Price (1999) recommends that a small number of non-representative cases though focused samples are usually used and to fill a given requirement, respondents are selected from amongst them. Consequently, Bryman (2003) critically outlines the contexts under which qualitative research approach can be adopted as follows: if there is no already existing research data on the theme and the appropriate measurement unit is not definite; when the concepts to be researched are analysed on a nominal scale, involving exploring attitude or behaviour and with no precise demarcation.

In support of this view, Bryman (2003) builds up the key steps involved in qualitative research and states that it is non-linear and recommends that the research questions most often are driven by theoretical issues that in turn will propel data collection and the analysis. This is represented as in figure 5.2 below.

Figure 5-2 Steps in Qualitative Research



(Source: Bryman, 2003)

However, qualitative research method has been queried within the research community. Accordingly, Bell, Bryman and Harley (2018) identify the limitations and criticisms of the qualitative research strategy in the following points. (1) limited generalisation capacity: research results obtained from the use of sampling method and sample lack capacity of generalisation, (2) Subjectivity: in qualitative strategy, the provided strength of deeper understanding is weak and as such lacks confidence in the results, (3) Difficulty in replication: Replication is a problem in qualitative strategy as the focus of researchers differ, (4) Lack of transparency: Qualitative data collection and analysis process sometimes is difficult to establish and may lack clarity.

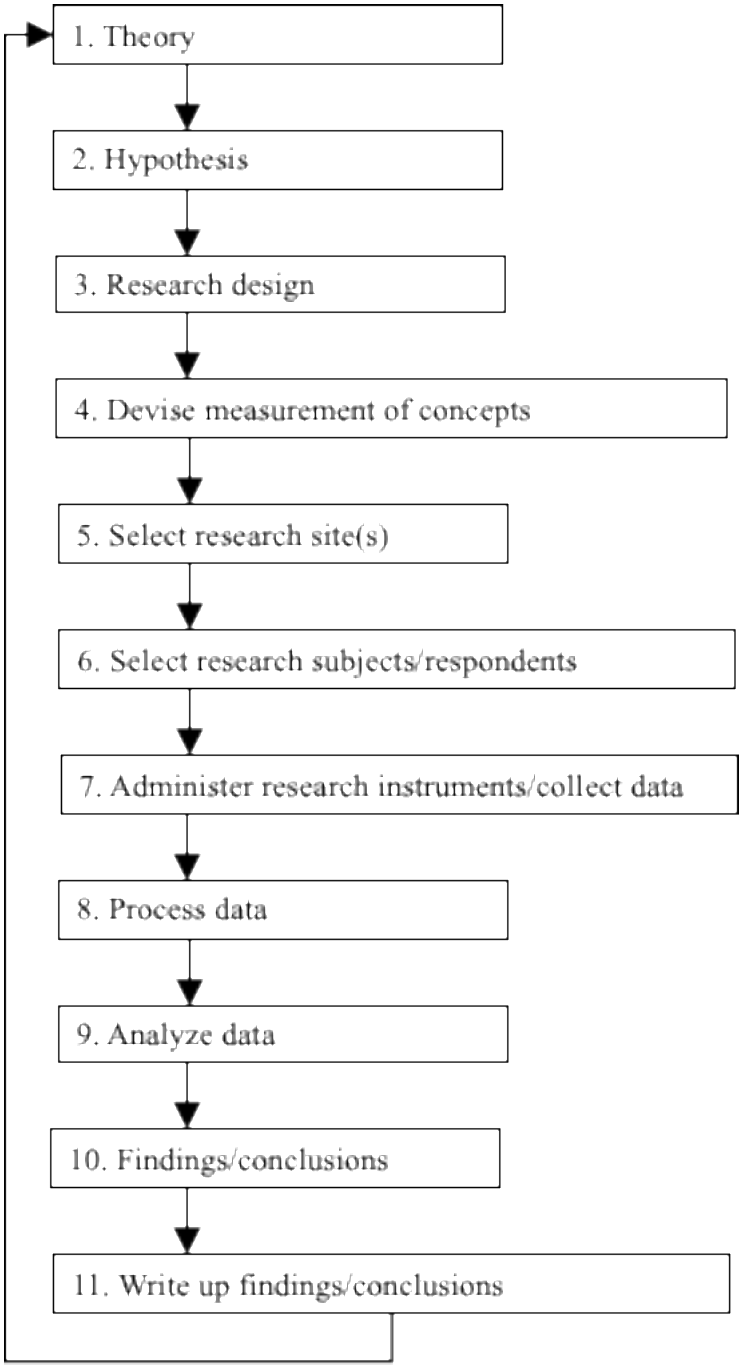
5.4.2 Quantitative Research

According to Fellows and Liu (2015) quantitative research is defined as ‘an investigation that is associated with positivism that aims at gathering factual data, studying the relationships between those facts and how those facts are related in accordance with the theories and findings of the research done previously. This is the reason why this method is developed originally in the field of natural sciences to study natural phenomena. Naoum (2012) following this conception adduced that quantitative research follows a deductive approach relating to the theory behind it and emphasis on the sampling, measurement and design.

Therefore, the approach follows the norms and practices of natural scientific model which looks at the social reality as an external and a subjective reality. Quantitative research involves the use of statistical as well as mathematical techniques to identify facts as well as causal relationships. Thus, Fitzgerald and Howcroft (1998) confirm that since quantitative research is based on the theory that is composed of variable and testing of hypothesis therefore, it is objective in nature.

Consequently, Naoum (2012) informs that quantitative research approach is designated for the following: finding facts about concepts, an attribute or a question; collecting factual evidences and examining the relationships between them to be able to test a hypothesis or theory. In summary, Bryman (2003) builds up the key steps in ideal quantitative research process as outlined in figure 5.3 and points out that although research is rarely linear as shown in figure 5.3, but it gives an idea of the linkages amongst the key aspects in quantitative research process.

Figure 5-3 Steps in Quantitative Research



(Source: Bryman, 2003)

Quantitative research like every other resaerch method has been criticised within the research community. Bryman (2003) and Bell, Bryman and Harley (2018) highlight the following drawbacks as the criticisms against quantitative research. While, Bryman (2003) identifies that quantitative research: fails to distinguish between social institutions and people with the natural world; uses artificial measurement process and a sense of accuracy and precision not coming from a claimed and true source; depends on procedures and instruments that hinder the link between everyday life and research; produces a static view of social life that is unrelated to the life of people in investigating the relationships between variables.

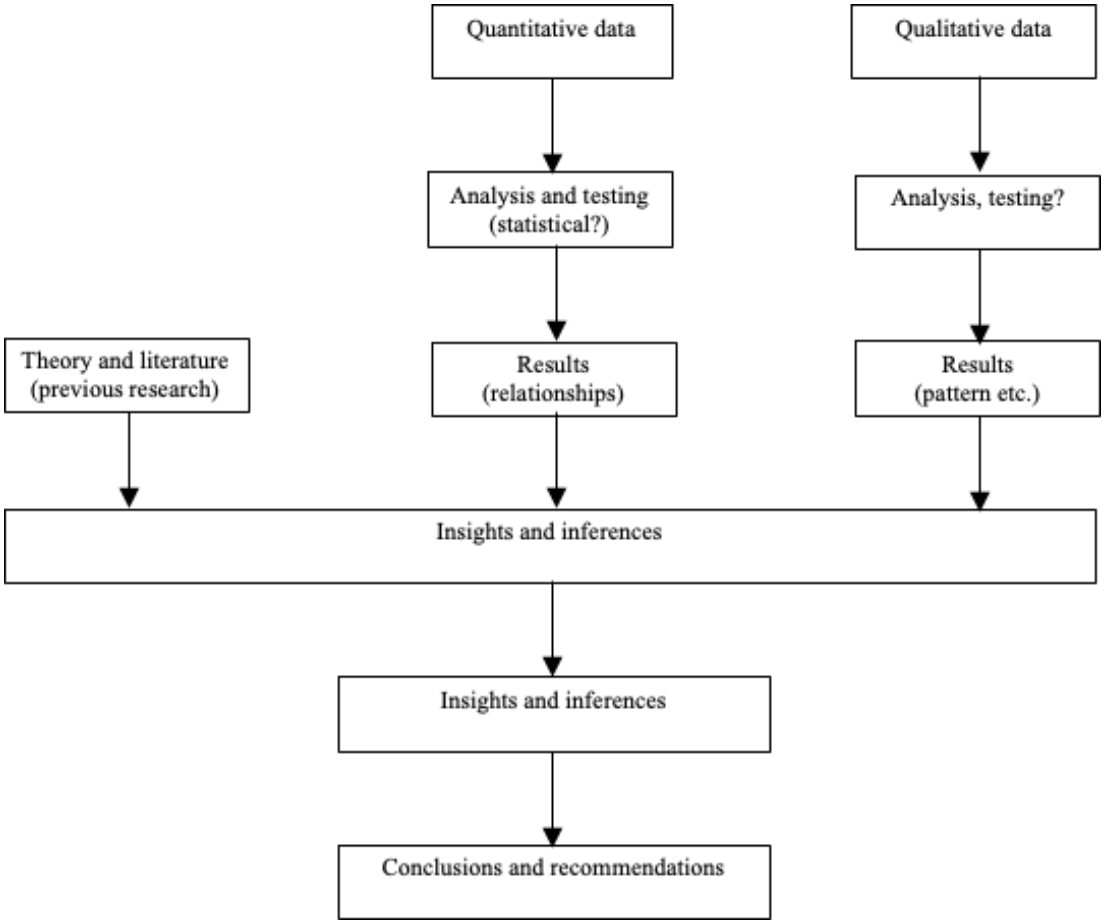
Then, Bell, Bryman and Harley (2018) point out that in quantitative research: there is sampling limitation resulting from the fact that by nature sampling is not identical to its population and as such posits limitation in terms of research outcomes and generalising result; non-response limitation arising from this method can hinder how well a sample represents its population, which in turn hinders possible generalisation of results; data collection errors and limitation often associated with how data are collected for instance; differences in response or ambiguous questions arising from different data collection method; data processing errors often arise from the large amount of data in quantitative analysis.

5.4.3 Triangulation

Triangulation is a method of studies which refers to the combination of approaches or mixing methods in investigating the same phenomenon (Amaratunga et al., 2002). Typically Love, Holt and Li (2002) opine that triangulation is a method of representation based on logic which involves the process of moving closer to a truer picture by using multiple methods, making multiple measurements or at multiple levels of analysis. In the same vein, Creswell and Plano Clark (2011) points out that the process of triangulation incoporates evidence from other sources to explain a theme or perspectives.

As it is a known fact that triangulated studies always involve a minimum of two research techniques, as such quantitative and qualitative approaches are often adopted to utilise the combined advantages of each single approach and eliminate or reduce limitations of each approach. Accordingly, Fellows and Liu (2015) illustrated this in fig.5.4:

Figure 5-4 Quantitative and Qualitative Data Triangulation



(Source: Fellows and Liu, 2015)

In this case, Amaratunga et al. (2002), Abdullah (2003), Leedy and Ormrod (2005) and Neuman and Neuman (2006) detail the differences between qualitative and quantitative research approaches as highlighted in Table 5-2.

Table 5-2 Difference between quantitative and qualitative research approaches

Characteristics	Quantitative Approach	Qualitative Approach
Purpose	• To predict and explain • To interpret and explore • To build theory	• To explain and describe • To predict and explore • To build theory
Objective	• Gather factual data and study relationships between facts in accordance with theory	• Study issues in details and in-depth and seeks to gain insight and understand people's perceptions
Theory	• Theory is causal, deductive and associated with verification of theory and hypothesis testing	• Theory can be causal or non-causal and often inductive i.e. concerned with development of theory from specific instances
Process	• Focused • Known variables • Established guidelines • Statistic design • Context free • Detached view	• Holistic • Unknown variables • Flexible guidelines • Emergent design • Context-bound • Personal view
Research Procedures	• Procedures are standard, and replication is frequent	• Research procedures are particular, and replication is very rare
Data Collection	• Representative, large sample • Standardized instruments • questionnaires, laboratory experiments etc	• Informative, small sample. • Observations. interviews, documents
Data Characteristics	• Hard data, structured, large sample size analysed using statistical methods	• Soft data, descriptive, less structures, analysed using non-statistical analysed methods.
Data Analysis	• Analysis proceeds by using statistics, tables, or charts and discussing how they relate to the hypothesis	• Analysis proceeds by extracting themes or generalisations from evidence and organising data to present a coherent, consistent picture.

Table 5-2 Continued

Characteristics	Quantitative Approach	Qualitative Approach
Reporting Findings	• Numbers • Statistics, aggregated data • Formal voice, scientific style	• Words • Narratives, individual quotes • Personal voices, literary style
Outcomes	• Conclusive findings used to recommend a course of action	• Exploratory and/or investigate and findings are contextual
Strengths	• Provide wide coverage of the range of situations. • Fast and economical • Where statistics are aggregated from large samples, they may be considerable relevance to policy decisions	• Data gathering methods seen as natural than artificial • Ability to look at change process over time. • Ability to understand people's meaning. • Contribute to theory generation
Weaknesses	• Tend to be rather inflexible and artificial • Not very effective in understanding process • Not very helpful in generating theories.	• Data collection can be tedious and require more resources • Analysis and interpretation of data process may be more difficult. • Harder to control the pace, progress and end-points of research process

(Leedy and Ormrod, 2005; Neuman and Neuman, 2006; Source: Amaratunga et al., 2002)

5.5 Adaptation of Research Approach for this Study

As a result of the complex and diverse nature of this study, a mixed method of approach invoving both qualitative and quantitative methods is adapted. The reason is to utilise the numerous advantages of combining both approaches. Consistent with Love, Skitmore and Earl (1998), Smith (2001) and Abdullah (2003), it enlarges the ability to transmit the knowledge in a tangible form, provides a better knowledge of the phenomenon under study since additional information may uncover what would remain hidden when only a single method is applied and convergent results can also increase researchers confidence in the validity or reliability of the findings, whilst divergence in the result will lead to greater theoretical elaborations and definition by the researcher who would try to gather different pieces of complex puzzle together to form a coherent picture of the situation.

In the procedure therefore, the qualitative method is utlised for the exploratory aspect of the research which aims at deducing answers to the 'WHY' and 'HOW'? Questions focused to address 2nd-5th research questions. This helped to underpin the key variable

for this study which was the major challenge from relevant literature, initial discussions with scholars in developmental economic world and participants in the case study for more cultural and social perspectives within the study context. Following the identification of the key variables for this research, then quantitative approach is explored to answer the 'how many', 'how much' and 'how often' questions which centered on the 1st and 6th research questions.

However, Yin (2002) highlighted that upon the goodness of combining methods that there could still be some problems that are attached to it. It is important to note that some actions were undertaken to minimize the influence of limitations of the mixed method approach as identified above. The procedures are discussed as below: (also ref. 6.5.2ff)

5.5.1 Qualitative Method Approach

5.5.1.1 Limited Generalisation Capability

Though some samples, particularly interviews, might not be large enough due to the complex nature of this study. Effort was made to obtain reliable, diverse and quality perspectives by involving well experienced subjects.

5.5.1.2 Subjectivity

This research minimized the subjectivity in the analysis and data collection through interviews which took the structured form together with some probing questions to clarify and explore the in-depth nature of the situations. These interview sections were recorded and documented.

5.5.1.3 Difficulty of Replication

This drawback was overcome in this research by structuring the interview process in some forms.

5.5.1.4 Lack of Transparency

In order to overcome this limitation, the interview sessions were verbatim recorded, transcribed and corrected by the interviewees. After which the summary of the analysis was sent back to them for observations, comments and feedbacks.

5.5.2 Quantitative Method Approach

5.5.2.1 Sampling limitation

Even though in social sciences a small sample precludes statistical tests of significance such that effective response of 24% is not unusual in this type of survey.

5.5.2.2 Non-response Limitation

In order to overcome this limitation, a range of precautionary actions have been involved in the administration of questionnaires which include; hand delivery, constant telephone reminders and repeated physical visits to retrieve back.

5.5.2.3 Data collection Errors

This limitation is minimised by making series of preliminary pilot study during which the questionnaire will be reviewed accordingly before administering it to the survey.

5.5.2.4 Data Processing Errors

To minimise such errors, efforts were made to make sure that, data coding and data entry were properly carried out. Further efforts were made to double-check results throughout the data processing and analysis.

5.6 Research Design

To ensure that the aims and objectives of the resaerch are achieved, an effective guide or plan for the study is required Bryman (2003). According to Fellows and Liu (2015) research design refers to a time-based framework and decision-making choices explored by a researcher during the research particularly for the collection and analysis of data. The study aim is basically to assess IG mechanisms through access to health and educational services in Nigerian communities. Therefore, to effectively achieve this aim, the study employs several approaches for collection and analysis of data combining quantitative and qualitative methodologies. Based on this view, samplings decision issues, collection and analysis of data, and reporting were informed by research questions following the methodological approach Yin (2002). Thus, I explore a Mixed Method Research (MMR) design for this research.

5.7 Sampling Methods

Sampling as variously conceived is a method of selecting a sample, fraction, or a group of people in a population in an attempt to represent the whole population Tepping (1968). Hence, a sample can then be defined as any objects, units or number of persons selected according to some procedure to represent the population Muzammil (2017). Scholars like Tepping (1968) and Salant, Dillman and Don (1994) generally concur that there are two types of sampling method, namely: probability sampling methods and non-probability sampling methods. Salant, Dillman and Don (1994) maintains that sampling plays an essential role in data collection. They further noted that it is an important part of research study which guides the inferences drawn from the findings and helps the researcher to generalise his research. Along this view, Mohsin (2016) stresses the importance of determining the adequate sample size with an effective method to ensure a true representation of the underlying population. As such, since this study explores MMR, it therefore adopts a combination of different sampling methods that are best fit to qualitative and quantitative aspects of this research in relation to data. This is important as chosen sampling method will enable a linkage between my study design and research method which will help to mitigate the challenges of MMR.

The appropriateness of the sample size always appears very complex and may not imply a straightforward decision (Brewerton and Millward, 2001; Sekaran and Bougie, 2016; Fellows and Liu, 2015). This situation has given rise to the use of variant

methods to estimate the sample size based on the statistical power to predict accurately whether significance or non-significance. Based on this approach Saunders, Lewis and Thornhill (2012) maintain that in qualitative methods a rule-of-thumb dictating a minimum of 30 responses is appropriate for the study of a population that is infinitely large, whilst < 30 is appropriate for a known population.

In contrast for quantitative methods within a known populations, Easterby-Smith, Thorpe and Jackson (2012) provided a model for manually calculating a sample size (n) in relation to the maximum error (E) required.

$$n = \frac{N}{1+N*(E)^2} \qquad \text{EQ 5.1}$$

where N = known population, (E) maximum error permitted in this study (0.5). Given that the study is surveying the known available workforce in Nanka, which was approx.1,200 people at the time of the study, EQ 5.1 was used.

Hence, the sample sizes (n) for both qualitative and quantitative methods, Saunders et. al. approach of < 30 and EQ 5.1 were used respectively, as detailed in Section 5.8.1ff.

More so, it is important to note that Babbie (1990) remarked that reliability and validity of the survey instrument are what matter in quantitative research. While 'validity' concerns with how adequately an empirical measure captures the real meaning of the concept under study. Then, 'reliability' relates to whether a repeated application of the same technique in an object can give the same result each time. In line with the above and for the purpose of this research, a combination of both probability and non-probability sampling techniques for quantitative and qualitative methods respectively were employed in the study. The reason for the choice of the sample is based on the nature of convenience, which is as the result of the following: Orumba is the LGA, where the author was raised and partly studied.

5.8 Data Collection Techniques

Data collection techniques relate to the logical and systematic collection of data required to provide answers to the research question Robson (2011), Saunders, Lewis and Thornhill (2012). Consequently, Yin (2002) recommends that the use of multiple sources of data collection is better since they complement each other as each data source has both weaknesses and strengths. Thus, data collection for this research were based on the use of literature review, in-depth interviews and questionnaires. To ensure the requirements of qualitative and quantitative aspects of the study, the collection of data used a concurrent nested design, similar to a convergent parallel design (Greene, 2006; Fellows and Liu, 2015).

5.8.1 In-Depth Interviews

The qualitative strand of this study is meant to address 2nd-5th research questions of this study. To efficiently and effectively explore this, an in-depth interview was conducted. According to Hoggart, Lees and Davies (2002), and Dexter (2006) an in-depth interview is a conversation with a purpose, that is why it is considered as an effective

way of collecting information in case study research, as it enables networks of relationships, opinions and ideas to be qualified and presented. According to Collis and Hussey (2013) in-depth interviews are seen as a method that uses data collection through face-to-face or voice-to-voice dialogue and interaction for the purpose of discovering peoples' feelings and opinions about a subject or situation.

In social science research, there are commonly three forms of interviews generally used, which include: unstructured, semi-structured and structured interviews (Collis and Hussey, 2013; Fellows and Liu, 2015). Thus, semi-structured technique of interview was explored for this research project in preference to unstructured and structured interviews. This type of interview has been adopted to give researcher the opportunity for discursive dialogues which will encourage more probing questions for further clarifications and insights in the subject matter while retaining some structure in collecting the views (Gill and Johnson, 2002; Goudge, 2003; Jankowicz, 2005; Collis and Hussey, 2013).

The investigation into the inclusive growth was aimed at evaluating the perceptions of the labour force on the concept and practice of IG scheme, in terms of poverty and unemployment reduction as identified in literature (Ali and Son, 2007a). This evaluation aided in proposing a more sustainable mechanism in terms of access to education and health services, as components of HCD, that will facilitate the agenda of IG in Nigerian communities. More specifically, the first stage of the interviews focused on assessment of IG in terms of poverty and unemployment reduction in Nigeria with reference to Orumba communities. While in the second stage, the interviews also focused on the assessment of access to education services disaggregated into primary and secondary, literacy, vocational levels; and health services disaggregated into primary, government alternative health services.

Following Saunders et. al. method outlined in section 5.7, the interviewees included 20 members of the workforce within the community which comprised of: ten people from health sector, five people from educational sector, five people from private sector, both employed and unemployed were included in the survey. The sample size of twenty is not uncommon when compared with previous research studies in social science (Mpho and Kaelo, 2016; Olufunke and Oluremi, 2014; Oluremi, 2015). The selection of interviewees was done based on their various knowledge, experiences, imperativeness and interpretations of activities in communities. The interviews conducted as individual sessions through face to face for about sixty minutes per session. The interviews were recorded, transcribed on some pro-forma designed to capture relevant information and constant comparative analysis technique was used in the analysis.

5.8.2 Questionnaire

The quantitative aspect of this study was expected to address the1st and 6th research questions of this study. To meaningfully carry out this endeavour, a questionnaire instrument was developed exploring IG variables and links which emerged in the conceptual framework.

A questionnaire was developed following a format recommended by Easterby-Smith, Thorpe and Jackson (2012), such as, introducing the factual questions based on research aim, followed with a more opinionated question, which involves instructions on how to answer the questions, while varying the question types and at the same time grouping similar types together. The questionnaire captures three sections: questions about respondents' individual details, experience and community background; questions about the impact of health and educational services in the community to the quality lives of the members in terms of their poverty and unemployment reduction.

A survey research method is important particularly where appropriate representations and generalisations are essential to research (Fitzgerald and Howcroft, 1998; Brewerton and Millward, 2001; Patton, 2002; Sekaran and Bougie, 2016; Bryman, 2003; Lee and Cassell, 2011; Saunders, Lewis and Thornhill, 2012). To this end the perceived relative impact, of both education and health services to the quality of lives on community members, were explored through the use of Likert-rating scale questions. The use of Likert-scale type of questionnaire is common in both social and management sciences (Saunders, Lewis and Thornhill, 2012).

The questionnaires were administered among the work-force within the community and personally handed by a nominated coordinator, each respondent was given 7 days to complete and return to the coordinator.

It is important to note that the workforce is made up of those who are within the age 15 – 64 who are employed in both public and private sectors and those who are ready and willing search for job but are unemployed (OECD, 2015; ILO, 2016).

The non-probability sampling method known as "convenience sampling" was adopted in the administration of the questionnaire. According to Fink (2003), this sampling method is suitable and commonly used when the selected group of individuals are available and ready in hand, but further cautions that the method due to some bias in the sample selection process may contain errors which can be addressed.

As a result of the pilot study amongst the workforce in Nanka, eventually 158 usable questionnaires out of 300 were collected, as indicated in Section 6.5.3.

5.9 Data Analysis Techniques

Data analysis technique refers to a process through which the data collected can be understood and interpreted in a logical and systematic way to yield reliable results (Glaser, Strauss and Strutzel, 1968; Franses and Paap, 2001; Emmitt and Gorse, 2009; Saunders, Lewis and Thornhill, 2012). The analyses of the data for this research were undertaken as in literature following the techniques based on the approaches and models of this study which include; reliability, validity, triangulation, descriptive statistics and compare means.

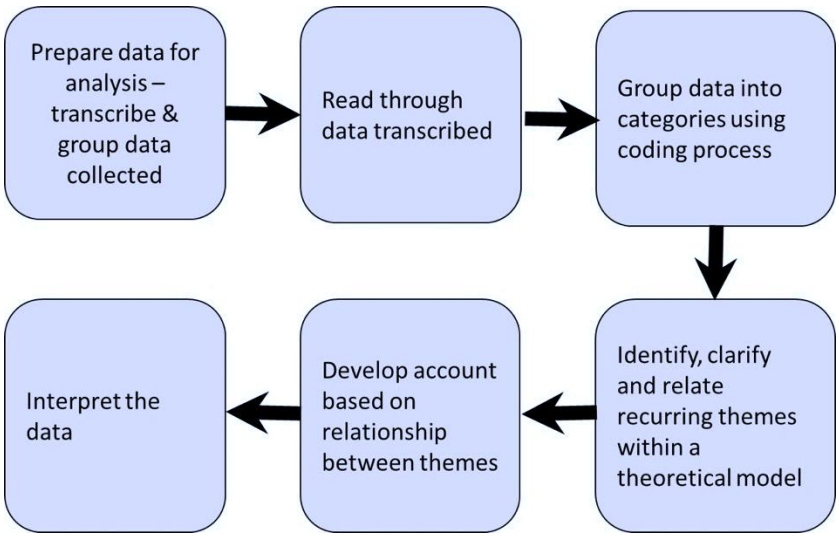
The issues relating to the measurement model which concerns the assessment of the scale instruments utilised for this study, reliability and validity tests are performed to confirm the quality of instruments. The goal of exploring reliability is to reduce biases, errors and the probability of repeating research procedure that will end up producing

identical results. While validity is used on the other hand to determine the correctness to appropriately describe the concern of the investigation under study. Then triangulation will be utilised to compare various sources of evidence to explain and determine the accuracy of the gathered information on the theme.

Therefore, in line with reliability and validity principles, qualitatively Rubin and Rubin (2011) recommend three criteria to be employed, as: communicability, transparency and coherence. In line with this view Maxwell and Mittapalli (2010), and Richards (2014) propose authenticity, trustworthiness, dependability, confirmation, transferability and credibility. To achieve this aim, Creswell and Plano Clark (2011) identified different steps to follow in qualitative data analysis as in fig.5.5:

Therefore, in line with reliability principles, qualitatively the assessment of

Figure 5-5 Steps in Qualitative Data Analysis



Source: Creswell and Plano Clark (2011)

IG and its impact matrix to validate the data collected as indicated in the research objectives will be used. While quantitatively, it will be carried out using Cronbach's Alpha measures. This technique was explored to measure how well a set of variables or items measure a single unidimensional latent construct. In this circumstance, Cronbach's alpha will usually indicate low if data have some multidimensional features. Typically, it is appropriate to emphasise that Cronbach's alpha is not a statistical test but rather a coefficient of reliability or consistency.

More so, the ranking of an assessment of IG mechanisms (education and health accessibility) in the Nigerian community was based on arithmetic mean value scores. For interpretation purposes, for instance, the mean score of 3.6 and above and Mdn 4 and above indicates "high quality"; mean of 2.6 to less than 3.6 and Mdn 3 "acceptable"; mean less than 2.6 and Mdn 1&2 "improvement required". It is good to point out that even though the use of arithmetic means recommends treating Likert

scale based data at an interval measurement levels, but the mean scores are not counted as "quantities" to indicate by how much each factor is more important than the other, but should be considered as "indicators" to show a rank of goodness of factors (Saunders, Lewis and Thornhill, 2012; Rumsey, 2015). Then, descriptive statistics were explored for trends as the technique is effective in simultaneous explanation of a series of related variables in managerial, social and behavioural issues (Gujarati and Porter, 2008; Nzeneri, 2019). The essence is as in Nzeneri (2019), these techniques will enable us to see the possibility of reducing poverty and unemployment situations through increasing access to health and educational related factors, as identified in the conceptual framework whose validity have been proven in literature.

5.9.1 Statistical Software Package

Statistical Package for Social Science (SPSS) for windows was explored in the statistical analysis from questionnaire. SPSS version 12.0 performs better in the analysis of this type of data (SPSS, 2003). While the results from interviews for obvious reasons were manually analysed and both results triangulated with the previous related research.

5.10 Ethical Consideration in conducting this research

In line with the accepted academic practice in genre, ethical issues are considered important. Since this research seeks to assess IG implementation through health and education in Orumba communities, as such data collection involve peoples' way of life which entails ethical issues. So, this research takes seriously ethical issues in the process of achieving its goals. The researcher secured permission from Anambra state ministry of education and health, the king of the community, heads of the schools and hospitals whose staff were participants to the research. As it concerns the interview, it is interesting to note that the interviewees had already assisted in the project by participating in the questionnaire survey. The paper copies of participant information sheet (PIS) and informed consent form were given to the participants before the interview. They were asked to state they have understood the information in the participant information sheet, believed that their participation was entirely voluntary, and consent to the recording of the interview by completing and signing the informed consent form (Hay, Clifford and Valentine, 2003).

The safety of the participants is largely observed (Blumberg, Cooper and Schindler, 2008). Hence, absolute anonymity and confidentiality were assured, guaranteed and strictly maintained in handling the gathered information. Researcher ensured the rights of the participants were respected in relation to the publication of their details and original inputs. The participants were made to understand that the research is purely for academic purposes. This reduced the rate of suspicion and fear on the part of the participants and further reduced unwillingness to provide the needed information. The details of the subject matter and procedures of the interview were explained to the participants prior to the interview. This is because they need to possess a good knowledge of the data or information a researcher intends to gather to be able to freely

consent to it. Moreover, ARU ethical clearance documentation along with the ethics checklist, which were submitted after the proposal was accepted by the university.

During the interview, the participants revealed some information that negatively reflected bias of different kinds like; seasonal/weather bias, professional bias, location bias and language bias. When this happened and the information was not relevant to the research it was omitted from the transcription, in case they become threats to the data analysis and findings. In the case of questionnaire and in line with the academic practice, the participants consent was presumed with the completed questionnaire returned. As it were, participant information sheet, consent form, interview questions and questionnaire were sent in advance to the participants. Hence, the proper understanding of the research and consent were sought and granted. The interviews were transcribed and sent to the participants to review the contents and assert if the researcher properly captured their views during the interview.

In addition, the dissertation was made available to the participants to read the findings. According to Hinson and Mahmoud (2011), and Saunders, Lewis and Thornhill (2012) it helps to achieve and promote reliability and validity by enabling the interviewees access better understanding of the various information requested.

5.11 Challenges in the field:

There were a number of challenges during this study. It was difficult locating the targeted workforce for the study. This was because they were located at several places including marketplaces, farms, schools and hospitals. As a result, several constraints challenged my data collection. The first challenge was political issue, as a result of election and regime change in Nigeria. The period was full of uncertainty, there were no movements, fears everywhere and lack of trust on people, as such some participants who earlier accepted to partake in the study declined and were nowhere to be found. Another serious challenge was as a result of Corona Virus pandemic in the world, and cases had already been reported in Nigeria at the time of study. Corona Virus pandemic was a highly contagious diseases which ravaged millions of lives in the world and casualties had already recorded in Nigeria from December 2019-2020. Following this situation, there were government regulations like; wearing of face mask, avoidance of physical human contacts by not staying within two metres apart each other and avoidance of a gathering of more than two people at a time for fear of the virus contamination. So, some participants who earlier consented to partake in the research for fear of contamination of the virus pulled out. This was a major setback during my data collection as I was almost stranded at a point and spent longer time than anticipated in the phase of data collection for this research. Finally, there were socioeconomic challenges, where some who work for the private and government sectors were afraid to divulge some sensitive organisational information for fear of been sacked if the information they gave got leaked. Overall, my data collection process was a challenge.

5.12 Summary

This section of the study discussed the basic principles and concepts related to the research methodology and based on this, presented the strategy employed to achieve the aim and objectives of this research. It also outlined and discussed the nested approach as enshrined in the concepts of philosophy, approach and techniques. Consequently, the adopted strategy for this research were highlighted and justified.

In view of the ontological and epistemological considerations commonly used in social science research, due to the nature of the research context and subjects, I proposed the use of a realist ontological and interpretative epistemological positions subject to socio-cultural factors. For in-dept investigation and explanation of fixed nature of concepts, I also discussed the quantitative and qualitative approaches in research in relation to philosophical process and connection outlining their drawbacks.

More so, triangulation approach which involves a combination of quantitative and qualitative methods as adopted in this research was discussed, thereby highlighting the actions explored to minimize the effects of its drawbacks. The data collection and analysis techniques in general were examined. While the adopted data collection and analysis techniques for this research were properly defined and Ethics risks were considered.

CHAPTER 6
DATA PRESENTATION, ANALYSIS AND RESULTS

6.1 Introduction

This chapter presents the IG case studies of Nanka as a sample of Orumba communities of Anambra State in Nigeria in terms of poverty rate and unemployment level. The case study presentation was followed by summary of the result of the strategic evaluation of access to health and educational deliveries in the community reflecting Orumba communities in Anambra state Nigeria. The results involved the information obtained from the in-depth semi-structured interview sessions and questionnaire surveys carried out in the community.

6.2 Data Presentation and Analysis

6.2.1 Findings of Quantitative Analysis

This first stage of the section focuses on the quantitative aspect of the study. Based on the research questions and objectives, it addresses the first and sixth research questions. In this case, this study offers the detailed justifications for the methods, methodological approach and data analytical processes chosen to achieve this aim. Data collection and analysis were based on the questionnaire survey. Questionnaires were administered throughout the seven villages that make up the Nanka community in Orumba and data analysis were conducted using two various models of analytical process:

Measurement Model: this concerns the assessment of the scale instrument utilized in this study. While sample characteristics and descriptive statistics were carried out to highlight the features of the data, reliability and validity tests were conducted to confirm the instrument quality.

Standard deviation (SD), Cumulative % and First Quartile Range (Q1) of the responses: this relates to the measure of variability or dispersal of the responses. It demonstrates the behaviour of each data point or how clustered the response values are around the means or median for the listed cases to address the questions. Often high SD is interpreted as higher disparity (Saunders, Lewis and Thornhill, 2012). We start with pilot study analysis.

6.2.2 Pilot Study

To establish proper understanding, questionnaire instrument testing was followed by a pilot study of two phases. First, was the designing and administration of the original questionnaire to four of my lecturers in the department of economics both in ARU – U K and NAU – Awka Nigeria and some civil servants and private sectors exploring

a convenience sampling technique. The aim is to refine the structure, contents and wordings. Forty five out of Fifty questionnaires that were administered were completed and returned. This number translates an achievement of 90% response rate. Only fourteen sufficiently completed questionnaires which accounts for 31% were deemed fit to be included in our analysis.

Although the result of this investigation informed some pertinent information that was essential for improving the main study, it happened that most potential participants declined to take part in the study due to the grammar/language used. The educational level of the community and consideration of the level of grammar was not fully appreciated. Participants were overwhelmed with pride in completing a UK PhD research questionnaire and lost clarity of what was expected of them. There was a need to translate questions from English to Igbo and back. Some respondents did not understand either English or Igbo and used Pidgin English. It became apparent that grammar/language usage might impact the clarity and motivation of respondents to participate. Thus, the questionnaire was amended leading to the next phase of the pilot study.

In the second phase, pilot study was carried out with forty amended questionnaires which were administered using non-probability sampling technique to another set of lecturers, civil servants and experts in the community development programmes both within and outside the focus community. Thirty-three questionnaire which represents 83% response rate were completed and returned in good time. Hence, averting the non-response bias associated problems. Then twenty nine out of the thirty-three returned questionnaire which accounts for 88% were in usable form. While the 12% which represents the remaining five were not usable due to the questionnaires being poorly completed, non-completion and incomplete responses. This buttresses the reason why emerging economies lack adequate understanding and informed knowledge of IG theories propounded in most of the developed countries, like USA and UK, but still willing to participate in the research study.

In all, 78 questionnaires out of 100 issued translates to 87% returned in good time, only forty-three in all representing 43% were completed properly and deemed fit for analysis. However, this response rate is not uncommon in social science research. For instance, Appiah-Adu (1998) utilised 37% response rate in study, while, Alan et al. (2003) had 26% response rate in similar study.

6.2.3 Main Study Sample and Response Rate

When the issues relating to the original questionnaire were resolved following the pilot study; the language, wordings and grammatical style of the instrument items were equally affected to adapt the measurement scales as they affect the community's growth environment and understanding. In the main study, three hundred (300) questionnaires were administered to the randomly selected sample of labour force across the Nanka community in Orumba, Nigeria. Out of 300 questionnaires distributed, only 230 which accounts for 77% response rate were completed and returned in good time.

When the returned questionnaires were carefully evaluated, 75 which represents 33% of the response rate were completed poorly and inappropriately and thus not usable for this study. The remaining 155, constituting 67% usable responses were obtained and data analysis was based on them. This response rate is a not uncommon comparable to other previous research studies in social science, for instance, similar questionnaire surveys in Botswana by Mpho and Kaelo (2016) received (83 responses, 24%), Anyanwu (2013a) in Africa (147 responses, 29%), (Olufunke and Oluremi, 2014), in Nigeria (110 responses, 21%) and Oluremi (2015) in Nigeria (227 responses, 22.7%).

6.2.4 Descriptive Statistics

6.2.4.1 Data File and Variables Studied

Data for analysis in this research study were sourced from IG variables and their performance in Nanka community. The file contains 155 cases and 123 variables containing a range of data which include the characteristics of the respondent and the sector, such as: gender of the labour force, sector or delivery, age, employment status and type, educational level, marital status, nature of healthcare, size of income. Other IG variables relate to; poverty reduction, unemployment reduction, access to Primary, Secondary, Tertiary and Vocational educational deliveries and access to Private, Secondary (Government), Rural Healthcare centres and Alternative Healthcare Provider health delivery performances for measures and implementation of IG across the community.

6.2.4.2 Samples by IG Variables Studied

6.2.4.2.1 Samples by Employment Status

Table 6-1 below highlights the two major IG variables studied in this research. The employed, are both those in the private and public sectors and represent 58.1%. The unemployed account for 41.9% most of these are from the private sectors.

Table 6-1 Employment Status

Nature	Frequency	Percentage (%)
Employed	90	58.1
Unemployed	65	41.9
Total	155	100

6.2.4.2.2 Samples by Employment Sectors

Table 6-2 below sheds light on the employment sectors, where the unemployed shows 41.9%, while a private sector employment forms 45.8%, and a public sector indicates 12.3%. It is not surprising that most of the workforce who queued in as employed are those working in the private sectors where most of them are equal to unemployed.

Table 6-2 Employment Status

Sector	Frequency	Percentage (%)
Public	19	12.3
Private	71	45.8
Unemployed	65	41.9
Total	155	100

6.2.4.2.3 Samples by Income Status

Most of the respondents are low-income group, with 67.1% earning 30,000 or less (Naira per month) which is around $1.9 USD per day. Table 6-3 below reflecting the level of income shows also that only 6% respondents within the workforce earn more than 180,000 (Naira per month) which constitutes about $11.6 USD per day.

Table 6-3: Response by Income (Naira per month)

Income Level	Frequency	Percentage (%)
30,000 & Less	104	67.1
30,001 - 80,000	35	22.6
80,001 -130,000	12	7.7
130,001 – 180,000	3	1.9
180,001 & Above	1	6
Total:	155	100

6.2.4.2.4 Samples by IG Measures Studied

The table 6-4 below shows that healthcare delivery accounts for 50.3% and educational delivery form 49.7% of the IG measures and implementations sampled. The healthcare delivery is about 0.6% more than educational delivery and may skew the responses a little bit towards healthcare delivery.

Table 6-4: Sample by Delivery

Sector/Delivery	Frequency	Percentage (%)
Healthcare	78	50.3
Education	77	49.7
Total:	155	100

6.2.4.2.5 Sample by Educational Level

Table 6-5 below indicated that most of the respondents within the workforce in terms of education do not have formal education as such but other qualifications as they account for 40.6%. they are the ones with vocational trainings of all sorts. Next are the undergraduates who couldn't attend higher education as they represent 28.4%. This gives further evidence why public sector employment that is partly based on educational level is low in the community.

Table 6-5: Educational Level

Type	Frequency	Percentage (%)
Undergraduate	44	28.4
Graduate	40	25.8
Postgraduate	8	5.2
Other qualification	63	40.6
Total:	155	100

6.2.4.2.6 Sample by Medicare Attendance

Table 6-6 below shows that in the total 155 questionnaires administered 4.5% respondents indicated 'Not at all' to Medicare. Their reasons for not seeking for Medicare in the community may be as a result of so many factors that deter them. However, the respectable response from those who regularly seek Medicare that make up 85.2% thus covers the low response from the 'Not at all' group. A reason for this large response might be the respondent's expectations that their responses may influence favourable future provision of this service.

Table 6-6: Attendance to Medicare

Medicare Attendance	Percentage (%)	Frequency
Not at all	4.5	7
Rarely	10.3	16
Regularly	85.2	132
Total:	100	155

6.2.4.2.7 Sample by Gender

Table 6-7 below indicates that the males represent 66.5% and females 33.5% of the labour force studied. This is not surprising as males dominate the workforce with the teaming number of them coming out to respond to the questionnaires. It may further buttress the fact that males are keener to the issues of employment status as they need to work and earn a living to build up a family which is in line with the cultural understanding of the community.

Table 6-7: Gender

Gender	Frequency	Percentage (%)
Male	103	66.5
Female	52	33.5
Total:	155	100

6.2.4.2.8 Sample by Age

As Table 6-8 relates, it is not surprising that the age brackets 37-46 and 47-56, jointly account for 68.4% of the workforce studied. This clearly shows that this age brackets are the periods of establishment and settling down in one's life and employment status serves as a contributing factor to whether one will establish and settle down well or not in life. This is often the reason why it is believed that these age brackets bear the blunt of unemployment situations more than any other age brackets.

Table 6-8: Age

Age	Frequency	Percentage (%)
16 - 26	14	9.0
27 - 36	21	13.5
37 - 46	59	38.1
47 - 56	47	30.3
57 - 64	14	9.0
Total:	155	100

6.2.4.2.9 Sample by Marital Status

As marital status is one of the activities that come in-between establishment and settling down in one's life, Table 6-9 shows that most of the respondents within the workforce are single which account for 48.4%. This indicates unsettled lives in the community. Then, both the married and divorced jointly represent 51.6%. As divorced alone formed 21.9%, it stresses the fact that almost half of those who attempted marriage are divorced, remained single and consequently unsettled.

Table 6-9: Marital status

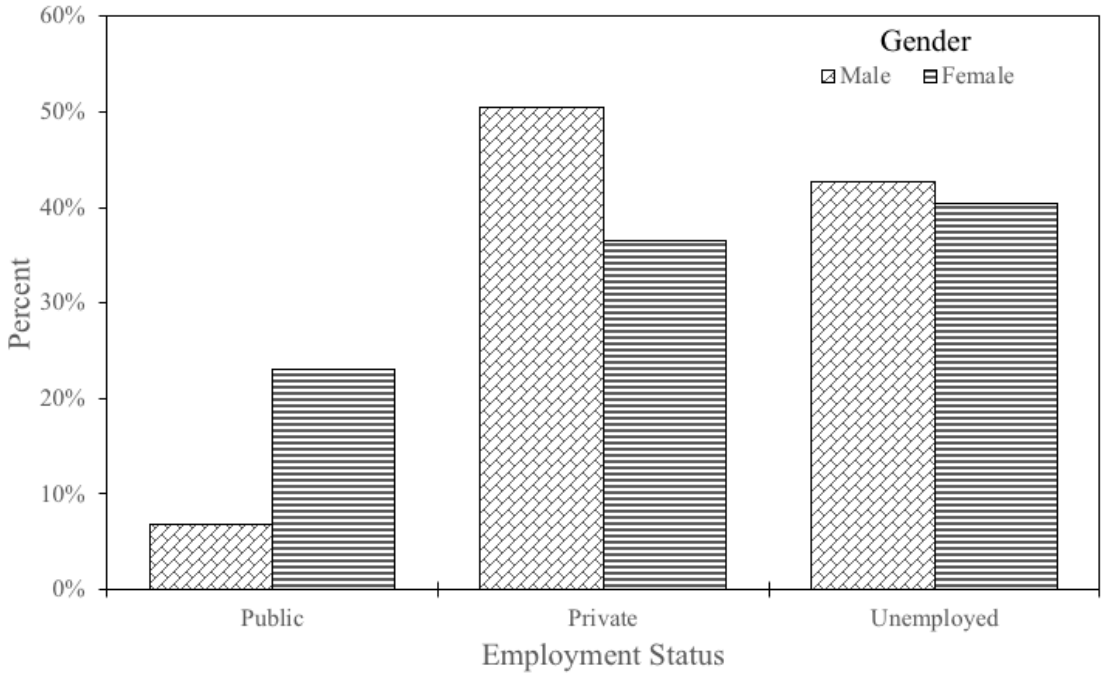
Marital Status	Frequency	Percentage (%)
Single	75	48.4
Married	46	29.7
Divorced	34	21.9
Total:	155	100

6.2.5 Descriptive of IG implementational characteristics

6.2.5.1 Gender vs IG (employment) practices

As in fig. 6.1 males generally score higher in IG. Though unemployment situation is high almost for both males and females rating at about 44% but Private sector employment appears more absorbing with males rating above 50% and females close to 40% as against public sector employment.

Figure 6-1: Gender vs IG (Employment) Practices

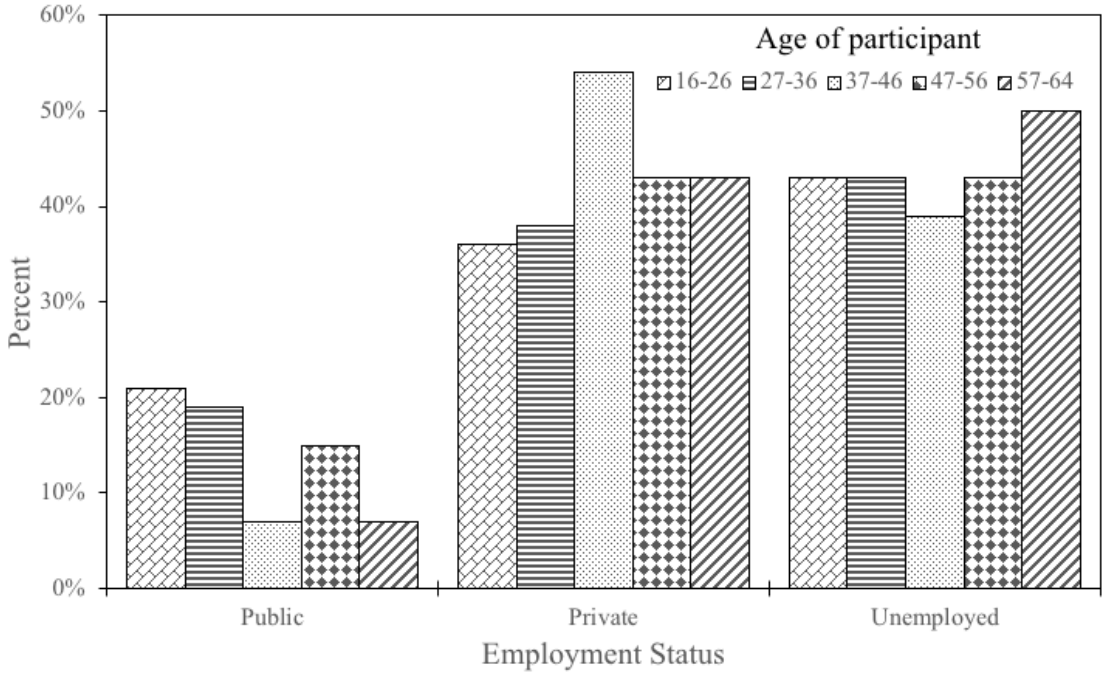


6.2.5.2 Age vs IG (Employment) Practices

There is convincing evidence inferred in figure 6.2 that unemployment is high across all age brackets and sectors with rates of unemployment for the Private and Unemployed ranging between 45% to 63%. But it is the inferred unemployment rate in the public sector ranging between 81% to 93% that is most surprising, explanations for this might lay in chaotic and under-funded government departments in particular health and education. Considering employed status there is a clear step change between the Public and Private & Unemployed sectors, with typical rates of employment across all age groups of 7% to 21%, 37% to 55% and 40% to 50% respectively. An explanation for this distinct difference might lay in more flexible and dynamic Private and Unemployed (casual) sectors that is more adept in absorbing workers, unlike a moribund public sector. Further observation indicates declining employment with age in the public sector, rising employment with age in the Private sector and similar levels of employment for all age groups with the Unemployed sector.

Significant deviations to these employment trends are the 37-47 year olds in the Private sector (55%) and 57-64 year olds in the Unemployed (casual) sector 52%. These deviations might indicate peak employability in terms of acquired ability, skills and knowledge for the 37-47 year old cohort in the Private sector. And for the Unemployed sector the 57-64 year old cohort this might indicate a transfer from the Private sector where their employment opportunities are declining.

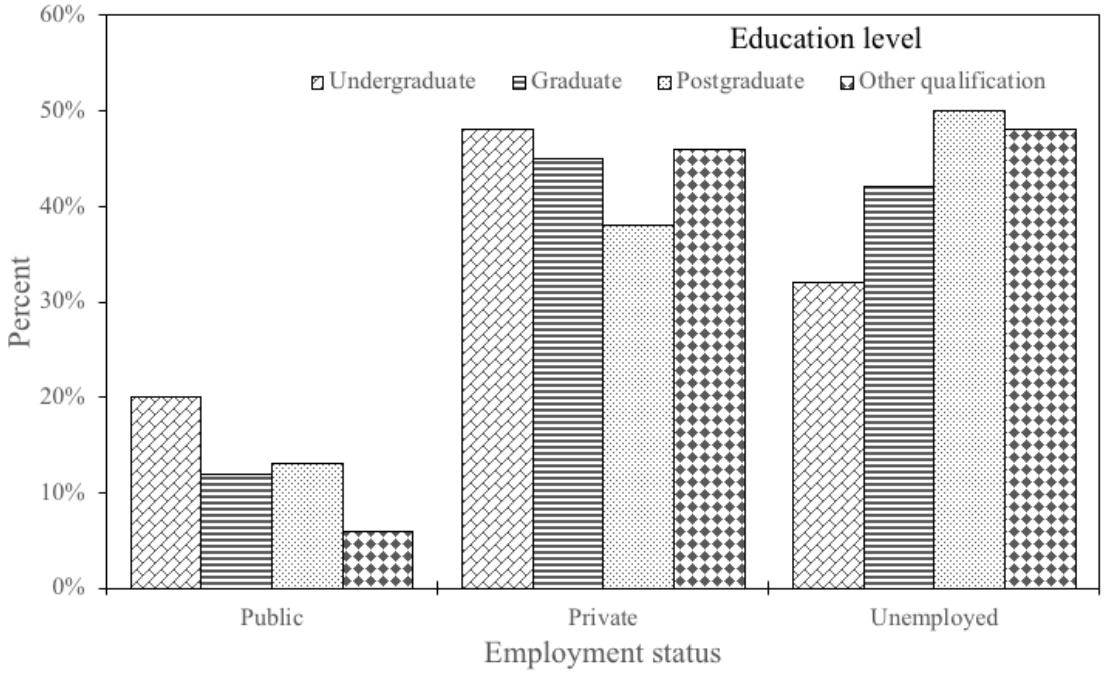
Figure 6-2: Age vs IG (Employment) Practices



6.2.5.3 IG (Employment) Practices vs Education

Figure 6.3 indicates high levels of unemployment (50% to 67%) for all educational levels in the private and unemployed sectors. In terms of employment, the private sector appears more successful in providing work for all educational levels (38% to 50%) than the public sector (5% to 20%). There is some evidence from these results that the higher the level of education the lower the opportunity of employment in the private and public sectors. In the private sector postgraduates appear to fare poorly with employment levels of 40% compared to all other educational levels (46% to 50%). It might indicate that the private sector industries/services do not have enough research and development opportunities for postgraduates and that the public sectors of health and education are not large enough to absorb this number and level of educational attainment.

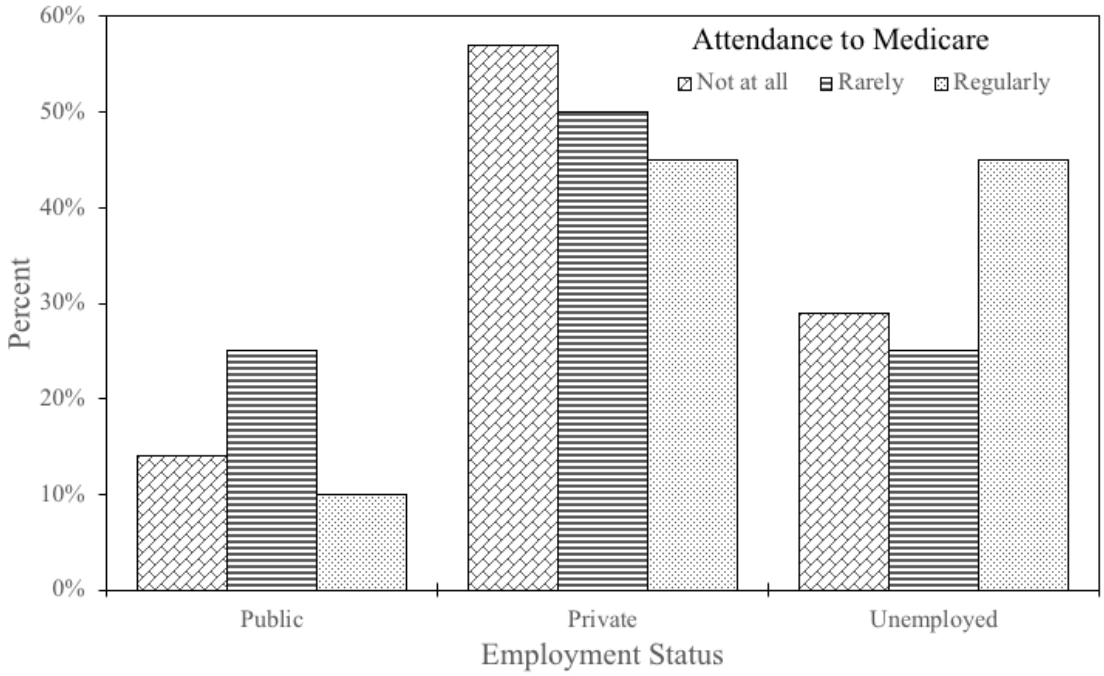
Figure 6-3: IG (Employment) Practices vs Education



6.2.5.4 IG (Employment) vs Medicare

As in figure 6.4 below, majority of the workforce within the unemployed sector about 48%, have the need to seek healthcare services regularly more than private and public sectors combined which are 46% and 10% respectively. Those who rarely or not at all seek for healthcare services are absorbed more within the private than public sectors. This accounts for the reason why many of the labour force who regularly seek for medical attention are unemployed.

Figure 6-4: IG (Employment) vs Medicare



6.2.5.5 IG (Employment) vs Marital Status

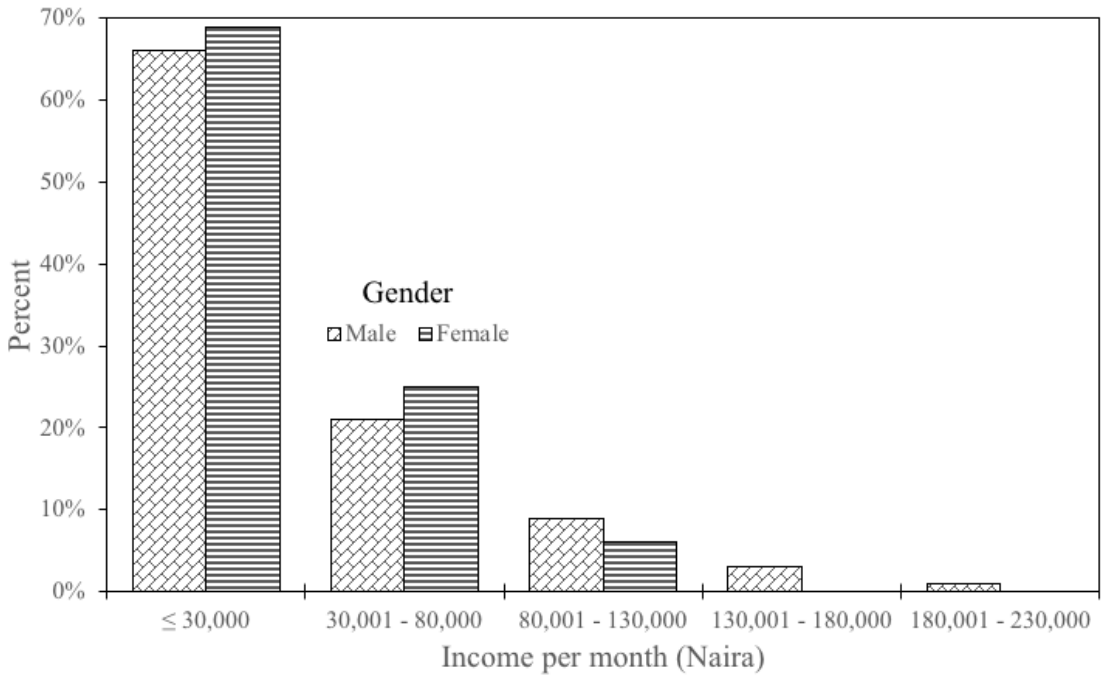
Incidences of divorce appear to be generally high within the workforce. Figure 6.5 relates that divorce which rates highest 55% within the unemployed sectors is also significantly high within the private sector 39% and at equal rate with the married 9% in public sector. Singles also indicate highest in both private and public sectors 52% and 18% respectively. These are significant proof of unsettled lives.

Figure 6-5: IG (Employment) vs Marital Status

6.2.5.6 Gender vs IG (Income) Practices

While females score higher than males in fig. 6.6 with the income levels of 30,000 and less Naira ($110 USD) per month. Males at an insignificant rate score more than females in the income levels of 80,001($285USD) Naira per month and above. It should also be noted that in Nigeria 30,000 Naira per month is basic wage

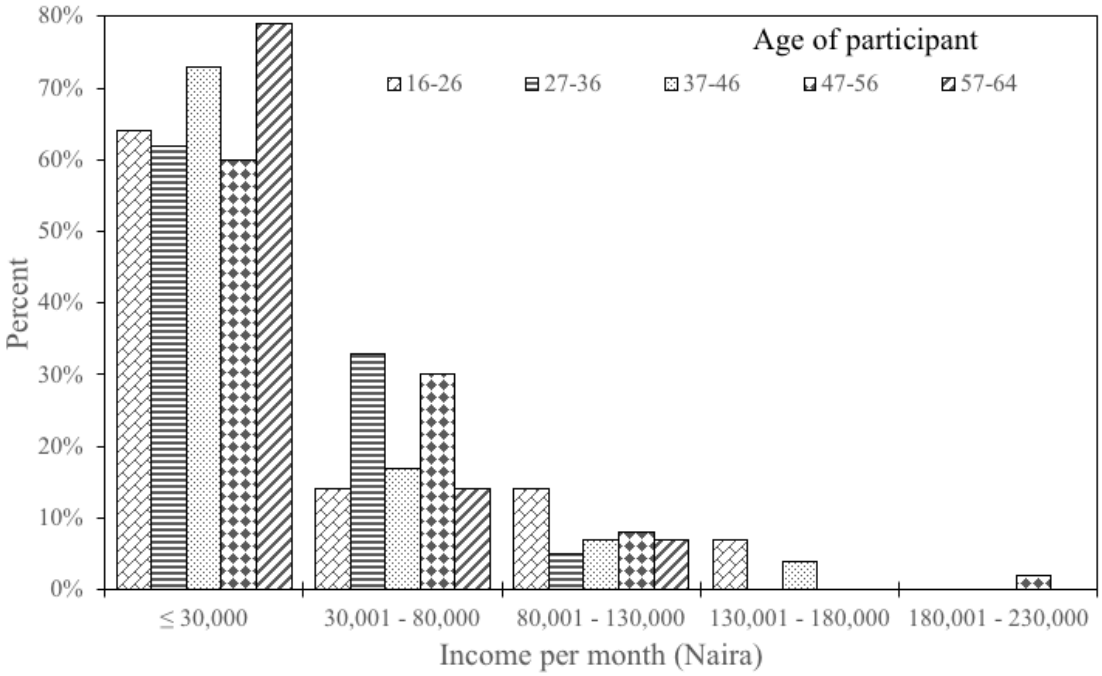
Figure 6-6: Gender vs IG (Income) Practices



6.2.5.7 Age vs IG (Income) Practices

The bar chart in fig. 6.7 suggests that the labour force within the age brackets 16-64 years cluster more around the income range of 30,000 and less ($110 USD) Naira per month. With the exception of the age brackets 57-64 and 37-46 that score between 70% to 80% every other group scored between 60% to 70%. Age groups in other income groups didn't score up to 40%. However, only one age group 47-56 appears to belong to income group of 180,001-230,000 Naira per month.

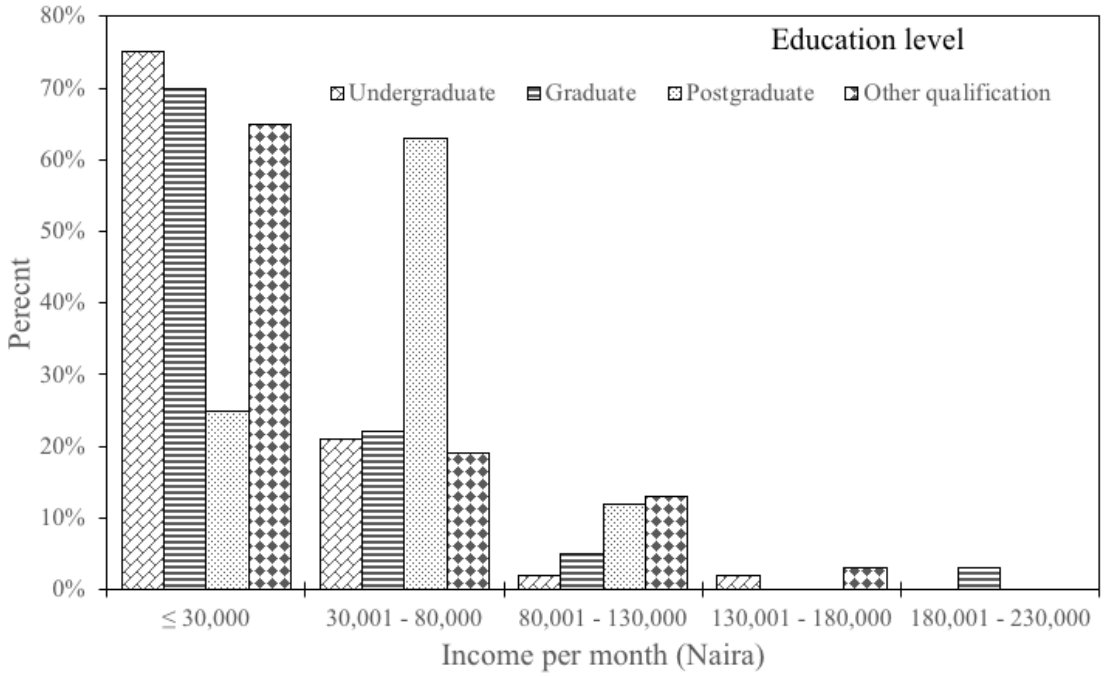
Figure 6-7: Age vs IG (Income) Practices



6.2.5.8 IG (Income) vs Education

Different levels of education among the workforce in fig. 6.8 appear to aggregate more around the income range of 30,000 and less ($110 USD) Naira per month. They score between 65% - 80%, except for postgraduates that scores less than 30%. However, only the postgraduate scores up to 65% in the income group of 30,001-80,000 Naira per month where other levels of education score less than 30%. The reason may be due to the power of certificate.

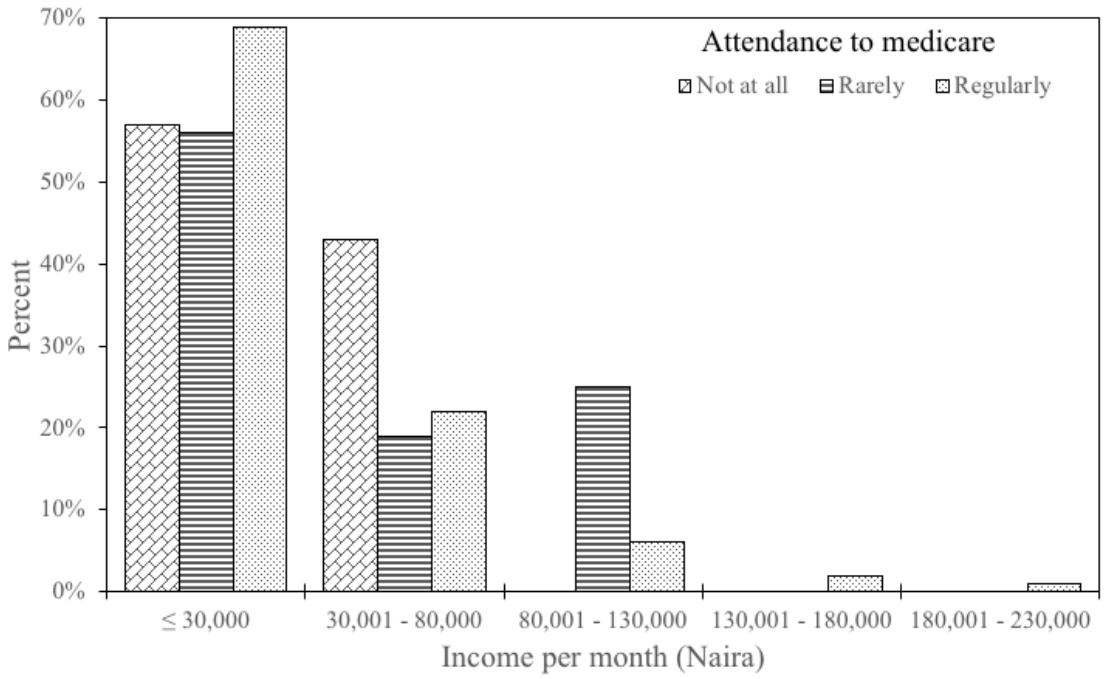
Figure 6-8: IG (Income) vs Education



6.2.5.9 IG (Income) vs Medicare

The graph Figure 6.9 skewed right which suggests that the workforce who seek for medical attention at different levels congregate more within the income group of 30,000 and less ($110 USD) Naira per month. It equally appears generally that those who regularly seek for medical attention score up to 70% while others score less than 60%. The reason may suggest many factors: not getting a good quality healthcare and need to go regularly; lack of funds to seek medical attention so will rarely request medical attention, particularly at emergency; lack of interest in seeking for healthcare attention at all, for example malnutrition which often creates problems.

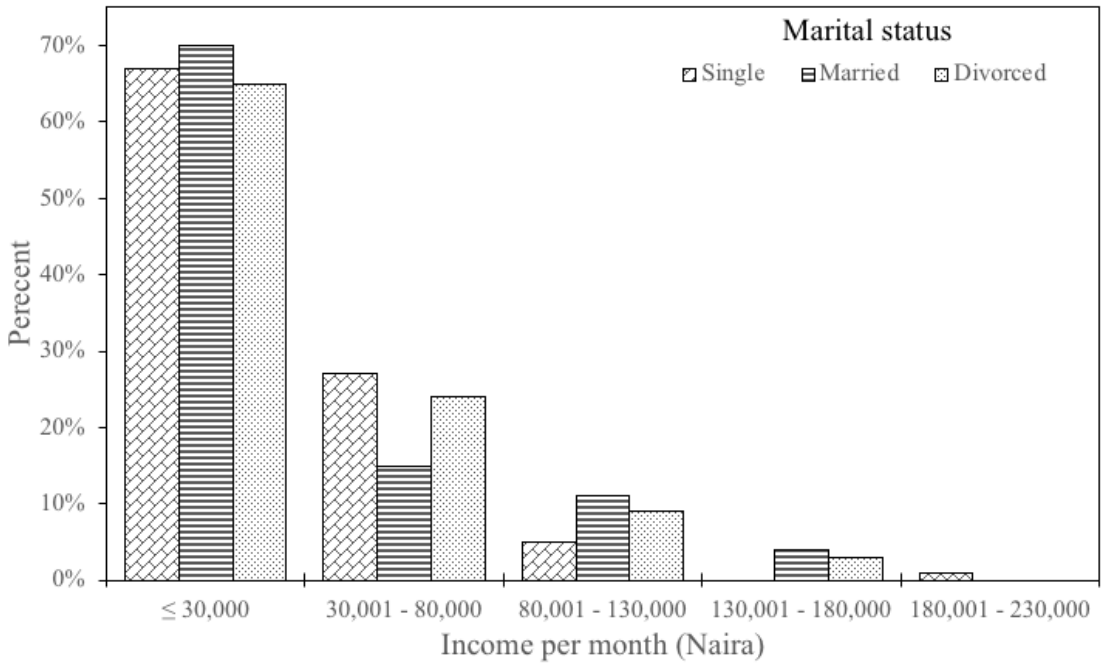
Figure 6-9: IG (Income) vs Medicare



6.2.5.10 IG (Income) vs Marital

There is a convincing evidence in Figure 6.10 that marriages take place within the labour force in all the income groups. At the same time, we see the bar chart both the single and divorced marital status trying to overrun that of the married status. The scene appears to give the impression that most of the workforce either chose to remain single or have attempted marriage and got divorced. This may be as a result of many factors, amongst which include, poverty or lack of sustenance due to meagre income because of lack of employment.

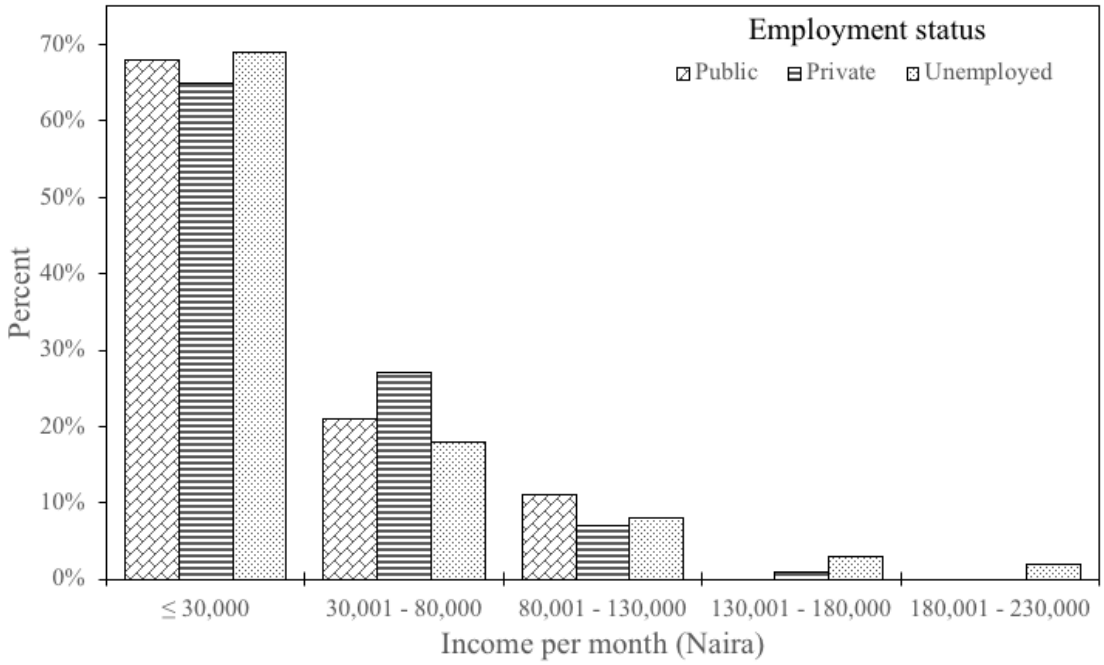
Figure 6-10: IG (Income) vs Marital Status



6.2.5.11 IG (Income) vs Employment

Figure 6.11 gives a general picture of both income and employment and tends to indicate that the level of employment is low in this community. This explains why employments rates are more in the low-income groups. Although, the bar chart informed that the three employment situations take place in all the different income groups within the labour force with left skewness. But employment situations are more pronounced in three different lowest income groups, with 30,000 and less ($110 & less USD) Naira per month earners scoring highest between 65% to 68%, followed by 30,001-80,000 and 80,001-130,000. It is interesting to note that 'Unemployment Status' appears in all different income groups so may not be absolute unemployment but a partial or casual employment such as temporary work based on hours, days, weeks.

Figure 6-11: IG (Income) vs Employment



6.2.6 Test of Quality of Quantitative research and Data

6.2.6.1 Reliability Analysis

After preliminary descriptive data analyses, reliability analysis was conducted with a sample of 155 responses from the survey. The reason for reliability analysis is to assess the internal consistency of measures. Thus, table 6-10 below highlights the scale reliability values (alpha coefficients) and the items correlations. Accordingly, Private hospital items 1 and 15 were deleted because item 15 indicated weakness hence has high alpha if item deleted, and item 1 has a low item to total correlation. Item 7 of rural healthcare centre was deleted due to high Cronbach's alpha if item deleted. While items 2,4,5 of Govt hospital were deleted because of low item to total correlation, primary school items 2,4,7 and 9 were equally deleted on account of similar reasons. Consistent with the practice for exploratory research as recommended by Nunnally (1978) the reliability for all scale exceeded the .70 threshold. Hence, the internal reliability of scales is established indicating the data collected were reliable.

Table 6-10: Reliability Analysis (Cronbach's Alpha Coefficient)

Variables	Total No. of Items	Items Removed	Total No. of Items Retained	Study Cronbach's Alpha
Inclusive Growth	2	None	2	0.765
Assessment Measures	2	None	2	0.771
Private Hospital	15	1 and 15	13	0.789
Vocational Education	14	None	All	0.756
Rural Healthcare Centre	14	7	13	0.754
Tertiary School	14	None	All	0.744
Govt Hospital	16	2,4,5	13	0.730
Secondary School	14	None	All	0.756
Alt. Healthcare Centres	13	None	All	0.790
Primary School	16	2,4,7,9	12	0.766

6.2.6.2 Measurement and Analytical Methods

The statistical analyses were performed using a Statistical Package for Social Sciences (SPSS) for Windows, version 23.0. For the measures and interpretation purposes, consistent with the practice in both Social and Management science research, it is essential to note that the study as in Gravestock and Gregor-Greenleaf (2008), Al Rubaish (2010), and Al Rubaish, Wosornu and Dwivedi (2011) utilised "Likert type item" and each item was in five points highlighting the level of agreement with the statement in the ascending order such as: 1= Strongly Disagree; 2=Disagree; 3=Natural; 4=Agree; 5=Strongly Agree. As in literature we know that a Likert scale item is in the ordinal scale and in terms of item by item analysis this study as in Göb, McCollin and Ramalhoto (2007), and Al Rubaish, Wosornu and Dwivedi (2011) used the measure adopted by National Council for Academic Assessment and Accreditation (NCAAA), together with three other measures as in Göb, McCollin and Ramalhoto (2007), and Al Rubaish, Wosornu and Dwivedi (2011) which offer problem solving and potentially more appropriate.

The assessments of IG and Measures in Nanka were based on arithmetic mean and standard deviation for an item, these measure the average distribution and spread of data respectively based on the occurrence of scores collected in an ordinal scale. However, in a case where distributions are skewed which related ones often do, the mean and standard deviation would not be appropriate. Then, median and first quartile which are measures of location were preferred to mean and standard deviation (SD). This is because, these measures will imply that for an item at least 50% and 75% respondents respectively did allocate those scores or higher to the corresponding item. Consistent with Göb, McCollin and Ramalhoto (2007), Sundaram, Dwivedi and Sreenivas (2010), and Al Rubaish, Wosornu and Dwivedi (2011), this study argues that this method is a good measure as it is straight forward, easy to understand and gives more meaningful results that is not affected by skewness.

Based on the above, for interpretation purposes, as in literature this study used the measures in Table 6-11 below. An approach conventionally prescribed by National Council for Academic Assessment and Accreditation (NCAAA), academic developers and widely used in literature as in (Göb, McCollin and Ramalhoto, 2007; Gravestock and Gregor-Greenleaf, 2008; Sundaram, Dwivedi and Sreenivas, 2010; Rubaish, 2010; Rubaish, Wosornu and Dwivedi, 2011).

Table 6-11: Interpretation Measures

Performance level	Mean criteria	Median criteria	First Quartile criteria	Cum %
High Quality	>3.6	4 & 5	4 & 5	> 80
Acceptable	2.6 >< 3.6	3	3	60 >< 80
Improvement Required	< 2.6	1 & 2	1 & 2	<60

Sources: (Göb, McCollin and Ramalhoto, 2007; Gravestock and Gregor-Greenleaf, 2008; Sundaram, Dwivedi and Sreenivas, 2010; Rubaish, 2010; Rubaish, Wosornu and Dwivedi, 2011)

6.2.6.3 Evaluation of IG and Measure in Nanka Community

To deal with the nature of the data collected and inappropriateness of using parametric approach, the added advantage of using a non-parametric approach becomes appropriate. Consistent with the literature/theory and to assess the performance of IG and their measures, item by item analytical results were generated in Table 6-12.

In this case, IG: Employment and income levels, and Measures of (IG), which are: educational level and health status in Nanka community generally were statistically examined using Mean, Median, SD, First Quartile and cumulative percentages. In line with the nature of data, income status which is a numerical data has a mean value of 1.32 and SD of 0.693, employment rate has a median 2.00 and first quartile 1.00 and education delivery has a median of 2.00 and first quartile 1.00. Thus, income status, employment rate, educational delivery indicated that improvements are required in those sectors. Thus, there is a convincing evidence to conclude the fact of low employment rate which necessitates high level of unemployment, poverty and illiteracy. While health delivery with Mdn 3.00 and first quartile 2.00 manifested some levels of acceptability.

Table 6-12: IG and Measures

(IG):	Mean	Median	Std. Deviation	First Quartile	Min	Max
Income Status	1.32	1.00	0.693	1.00	1	5
Emp. Status	1.93	2.00	0.831	1.00	1	3
Edu. Status	2.20	2.00	1.316	1.00	1	4
Att. Medicare	2.30	3.00	0.913	2.00	1	3

6.2.6.4 IG: Income and Employment

The findings on the nature of IG in terms of poverty and employment as identified in Table 6-12 can be examined further to analyse their component impacts on the lives of the people in the community as we can see below.

6.2.6.4.1 Mean income score and range by gender

Table 6-13 illustrates that the mean income scores and SD for both male and female in the community are not the same. While for male M=1.36, SD=0.765 and female M=1.25, SD=0.519 indicated that income in the community needs some improvement as it is generally low but more on the female than male.

Table 6-13: Mean Income Score and Range by Gender

Gender	Mean Score	Std Dev	Median Score	First Quart	Mini	Maxi	Range
Male	1.36	0.765	1.00	1.00	30,000 & less	180,000-230,000	4
Female	1.25	0.519	1.00	1.00	30,000 & less	80,001-130,000	2
Total	1.32	0.693	1.00	1.00	30,000 & less	180,001-230,000	4

6.2.6.4.2 Mean income and range by age

The analysis of mean income and range for different age brackets within the labour force of the community as in table 6-14 is more or less the same within the age group of 27-64 with the M = range 1.29-1.14, but there is a notable difference with the age bracket of 16-26 with M=1.64. However, looking at the Std of all the age groups gives us a further evidence to believe that though the income level within the workforce shows that improvement needed for all ages of the workforce, but the low level of income appears to be more with the age 27-64 than age 16-26.

Table 6-14: Mean Income Score and Range by Age

Age	Mean Score	Std dev	Median Score	First Quart	Min	Max	Range
16-26	1.64	1.008	1.00	2.00	30,000 & less	130,001 - 180,000	3
27-36	1.29	0.561	1.00	1.00	30,000 & less	80,001 - 130,000	2
37-46	1.25	0.632	1.00	1.00	30,000 & less	130,001 - 180,000	3
47-56	1.38	0.768	1.00	1.00	30,000 & less	180,001 - 230,000	4
57-64	1.14	0.365	1.00	1.00	30,000 & less	30,001 - 80,000	1
Overall	1.32	0.693	1.00	1.00	30,000 & less	180,001 - 230,000	4

6.2.6.4.3 Mean income and range by marital status

An analysis of income means by marital status as detailed in table 6-15 below shows that there is a difference in the income means of the three groups of marital status; single with M=1.32, married - M=1.30 and divorce - M=1.36. For further evidence, comparing the SD of the three marital status informs that for single SD=0.674, married=0.765 and divorce=0.693 indicated no significant difference in the income levels of the single and divorced in the marital status since both their income mean and SD are similar, while the SD for the married is to a reasonable extent higher than both. It can now be concluded that there is a difference in the income level of all the marital status within the workforce in the community. Meaning that, while the income level of the labour force in Nanka community is low and needs improvement but it is more on both singles and divorced than married.

Table 6-15: Mean Income Score and Range by Marital Status

Marital Status	Mean Score	Std deviation	Median Score	First Quart	Min	Max	Range
Single	1.32	0.674	1.00	1.00	30,000 & less	180,001-230,000	4
Married	1.30	0.765	1.00	1.00	30,000 & less	30,001-180,000	3
Divorced	1.36	0.653	1.00	1.00	30,000 & less	80,001-130,000	2
Total	1.32	0.693	1.00	1.00	30,000 & less	180,001-230,000	4

6.2.6.4.4 Mean employment score and range by gender

In terms of employment status, looking at Table 6-16 below, it appears that the median score Mdn= 2.00 for both male and female are identical, but their mean scores M=1.93 and M=1.92 respectively are slightly different. Also looking across the table we can see in terms of how spread out or dispersed they are around the mean, there is also a slight difference as the first quartile for male Q1=2.00 and female Q1=1.00, and the same can be reported of Standard deviation Std=0.860 and 0.820 respectively. These analyses provide us with strong evidence to conclude that employment status needs to be improved for both male and female in the labour force, but the impact is more on female than male within the community.

Table 6-16: Mean Employment Score and Range by Gender

Gender	Mean Score	Std deviation	Median Score	First Quart	Min	Max	Range
Male	1.93	0.860	2.00	2.00	Public	Unemployed	2
Female	1.92	0.820	2.00	1.00	Public	Unemployed	2
Total	1.93	0.831	2.00	2.00	Public	Unemployed	2

6.2.6.4.5 Mean employment score and range by age

Table 6-17 below gives the impression that the level of employment with Mdn=2.00 for all ages within the workforce in the community needs some improvement. However, looking at median alone does not provide strong evidence that all ages have equal employment opportunity, as we also need to consider the dispersion of employment level in all the age or how spread-out they are, so comparing the first quartile range between them, it appears that from age 16 – 36 have Q1= 2.00 while age 37-64 have Q1=1.00. Hence, we can conclude that because both the median and first quartile range for all the age brackets are not similar, that even though the unemployment rate is high within the work force in the community begging for reduction, but the impact is more on the age between 37-64 than 16-36.

Table 6-17: Mean Employment Score and Range by Age

Age	Mean Score	Std deviation	Median Score	First Quart	Min	Max	Range
16-26	1.93	0.829	2.00	2.00	Public	U/employed	2
27-36	1.90	0.889	2.00	2.00	Public	U/employed	2
37-46	1.92	0.816	2.00	1.00	Public	U/employed	2
47-56	2.00	0.834	2.00	1.00	Public	U/employed	2
57-64	1.79	0.893	1.50	1.00	Public	U/employed	2
Total	1.93	0.831	2.00	2.00	Public	U/employed	2

6.2.6.4.6 Mean employment and range by marital status

Table 6-18 below demonstrated a variety of circumstances concerning marital status in term of employment status. In the face of these, the median scores for the three groups single, married and divorced seen to be identical with Mdn=2.00 for all three groups. However, as median alone can be misleading, it is good to look at first quartile range as a measure of dispersion, which indicated that the single with Q1=2.00 is slightly higher than both married and divorced with Q1=1.00 each.

In this case, with these available pieces of information we tend to conclude that there is need to improve on employment status within the marital status, but the effect is more on both the married and the divorced.

Table 6-18: Mean Employment Score and Range by Marital Status

Marital Status	Mean Score	Std deviation	Median Score	First Quartile	Min	Max	Range
Single	1.82	0.802	2.00	2.00	Public	U/employed	2
Married	2.00	0.863	2.00	1.00	Public	U/employed	2
Divorced	2.09	0.843	2.00	1.00	Public	U/employed	2
Total	1.93	0.831	2.00	2.00	Public	U/employed	2

6.2.6.5 Healthcare and Education Analysis

The findings on the nature of IG measures in terms of healthcare and education in Nanka community as identified in table 14 can be examined further to analyse their component impacts on the lives of the people in the community as we can see below.

6.2.6.5.1 Mean healthcare score and range by gender

The overall healthcare score analysis as in table 6-19 in relation to male and female within the labour force in the community demonstrates some levels of acceptability as Mdn=3.00 for both male and female are similar. Looking at the first quartile range for more evidence to conclude since median alone cannot provide us with enough information, it becomes apparent that the first quartile range for female Q1=2.00 is slightly higher than that of male with Q1=2.00. These analyses will make us to conclude that healthcare in the community within the workforce though shows some level of acceptability but still require improvement. This low level of performance might provide reasons for poor attendance by both male and females.

Table 6-19: Mean Healthcare Score and Range by Gender

Gender	Mean Score	Std deviation	Median Score	First Quartile	Mini	Max	Range
Male	2.24	0.944	3.00	2.00	Not at all	Regularly	2
Female	2.40	0.846	3.00	2.00	Not at all	Regularly	2
Overall	2.30	0.913	3.00	2.00	Not at all	Regularly	2

6.2.6.5.2 Mean healthcare score and range by age

The output of the case processing summary of healthcare score by age of the work force in the community as in Table: 6-20, it tells us that the median score of the healthcare for all ages in the labour force are similar with Mdn=3.00 for all cases in the dataset. An interpretation of the median score of healthcare falls within the region of acceptability for all ages but the result of the first quartile range shows there are differences with healthcare scores by age, while 16-46 score Q1=2.00 and 47-64 score Q1=1.00. The following information have made us to conclude that while healthcare for all ages in the workforce within the community demonstrated some degree of acceptability but there is room for improvement especially for the age 47-64. This may be because of low-income level as a consequence of unemployment due to age.

Table 6-20: Mean Healthcare Score and Range by Age

Age	Mean Score	Std deviation	Median Score	First Quartile	Min	Max	Range
16-26	2.57	0.756	3.00	2.00	Not at all	Regularly	2
27-36	2.33	0.966	3.00	2.00	Not at all	Regularly	2
37-46	2.22	0.930	3.00	2.00	Not at all	Regularly	2
47-56	2.38	0.874	3.00	1.00	Not at all	Regularly	2
57-64	2.00	1.038	3.00	1.00	Not at all	Regularly	2
Total	2.30	0.913	3.00	2.00	Not at all	Regularly	2

6.2.6.5.3 Mean healthcare and range by marital status

The healthcare score for all the groups in the marital status in the workforce within Nanka community as in Table 6-21 indicates no notable difference with all groups falling in the narrow range of acceptability with median score of 3.00. However, further evidence from first quartile range provides us with more information that all groups single with Q1=1.00, married Q1=2.00 and divorced Q1=1.00 suggest improvement.

With this available data information, we tend to conclude that though healthcare services to an extent exhibits acceptability but still requires improvement within the groups particularly for the single and divorced. Inaccessibility of healthcare for these groups may be because of meagre income coming from no job.

Table 6-21: Mean Healthcare Score and Range by Marital Status

Marital Status	Mean Score	Std deviation	Median Score	First Quartile	Min	Max	Range
Single	2.27	0.935	3.00	1.00	Not at all	Regularly	2
Married	2.23	0.937	3.00	2.00	Not at all	Regularly	2
Divorced	2.46	0.833	3.00	1.00	Not at all	Regularly	2
Total	2.36	0.913	3.00	2.00	Not at all	Regularly	2

6.2.6.5.4 Mean education and range by gender

Educational scores as reflected in Table 6-22 for both male and female in Nanka community clearly indicated no clear difference within the workforce with the mean of 2.19 and median of 2.00 for male, then M=2.21 and Mdn=2.00 for female. But the broadest range of educational score was within females with a standard deviation from the mean of 1.333 and a first quartile range of 2.00. Thus, we can conclude that generally educational delivery still calls for improvement within the labour force in the community and the consequences are higher on the female group.

Table 6-22: Mean Educational Score and Range by Gender

Gender	Mean Score	Std deviation	Median Score	First Quartile	Min	Max	Range
Male	2.19	1.314	2.00	1.00	U/grad	Other qual	3
Female	2.21	1.333	2.00	2.00	U/grad	Other qual	3
Overall	2.20	1.316	2.00	1.00	U/grad	Other qual	3

6.2.6.5.5 Mean education and range by age

The overall analysis of educational delivery in Nanka community demonstrates that there are significant differences among the age brackets within the workforce in relation to healthcare delivery. The findings as in Table 6-23 show that educational means and standard deviations of ages 16-46 are significantly higher than those of the ages 47-64. This can be buttressed with the interpretation of the median and first quartile range of the educational scores. The dataset highlighted that there are no differences in the median of ages 16-46 -Mdn=2.00 which was confirmed by their first quartile range which look similar -Q1=2.00 as against the age groups 47-56 with Mdn=1.00, Q1=1.00 and 57-64 Mdn=1.50, Q1=1.00. The output though suggests for a general improvement in the educational delivery for all ages of the workforce in the community and gives the impression that the influence is greater on the age groups of 47-56 and 57-64, particularly 47-56.

Table 6-23: Mean Educational Score and Range by Age

Age	Mean Score	Std deviation	Median Score	First Quartile	Min	Max	Range
16-26	2.36	1.326	2.00	2.00	U/grad	Other qual	3
27-36	2.14	1.351	2.00	2.00	U/grad	Other qual	3
37-46	2.17	1.367	2.00	2.00	U/grad	Other qual	3
47-56	2.00	1.177	1.00	1.00	U/grad	Other qual	3
57-64	2.10	1.300	1.50	1.00	U/grad	Other qual	3
Total	2.20	1.316	2.00	1.00	U/grad	Other qual	3

6.2.6.5.6 Mean education and range by marital status

An analysis of the educational scores for all the marital status within the labour force in Nanka community indicates remarkable difference amongst the status as in Table 6-24. Looking at the mean scores and standard deviations of single M=2.03, SD=1.248, married M=2.42, SD=1.380 and divorced M=2.34, Sd=1.370 alone do not provide us with strong evidence to make a convincible conclusion considering the nature of the data as categorical. Hence, focussing on the median scores and first quartile range clearly supported the rating of the mean scores and their standard deviations by affirming single Mdn=1.00, Q1=1.00; married Mdn=2.00, Q1=2.00 and divorced Mdn=1.00, Q1=1.00.

As such, we can infer that improvement in educational delivery is desired for the marital status within the community and its consequences are excessive with the single and divorced marital groups of the workforce in Nanka community.

Table 6-24: Mean Educational Score and Range by Marital Status

Marital Status	Mean Score	Std deviation	Median Score	First Quartile	Min	Max	Range
Single	2.03	1.248	1.00	1.00	U/grad	Other qual	3
Married	2.42	1.380	2.00	2.00	U/grad	Other qual	3
Divorced	2.34	1.370	1.00	1.00	U/grad	Other qual	3
Total	2.20	1.316	2.00	1.00	U/grad	Other qual	3

6.2.6.6 Assessment of Healthcare and Educational Accessibility in the Community

Healthcare and educational deliveries are known as effective mechanisms that promote IG and improve equity. Most often this is seen as a justification for public intervention in those deliveries (Ali and Son, 2007a). Therefore, to know whether healthcare and educational deliveries are serving this end, there are two ways one can measure it (Ali and Son, 2007a). First is to measure average access to health and educational deliveries by the labour force as we have discussed in the above tables, secondly, is to measure the distribution of healthcare and educational opportunities across the entire workforce as reflected in the tables below.

To achieve this aim, the entire workforce of Nanka community was asked to state their reasons for not accessing healthcare and educational services. In order to capture this well, all the healthcare and educational services in the community were x-rayed item by item and sorted into three categories – "Exogenous" (coming from external), "Endogenous" (coming from the internal), "Shared Items" (coming from both) using a method prescribed by NCAAA and academic developers discussed above. For the purpose of the nature of data as categorical utilised for this purpose and to avert the risk of skewness, this study has adopted the use of median and first quartile range in the analysis.

6.2.6.6.1 Private Hospital Healthcare System

The finding in the private hospital in Table 6-25 indicate that out of the 13 listed factors only 5 shows high quality or acceptability with Mdn score of 4.00 and Q1=3.00, while the rest 8 fell within the region of improvement needed with Mdn score of 2.00 and Q1=2.00 or 1.00. Those 8 items that require attention in the private hospitals include; 2 "Exogenous" - Enough Private. Hospital, Staff capability; 4 "Endogenous" - Quality of service, Hospital Fees, Equip & facilities, Lack of interest; 2 "Shared items" – Knowledge. of First aids, Addiction effects.

Table 6-25: Private Hospital Healthcare System

Items	Mean	Mdn	Std Dev	Q 1	Cum 4&5
Exogenous Items					
Enough Private Hospital	2.03	2.00	1.304	1.00	77.4
Transport Means	3.57	4.00	2.571	3.00	62.9
Staff capability	1.96	2.00	1.279	1.00	30.6
Endogen. Items					
Promo/motivation	3.50	4.00	1.539	3.00	64.2
Quality of service	3.43	4.00	1.486	1.00	61.5
Hospital Fees	2.23	2.00	1.599	1.00	40.0
Equip & facilities	3.36	2.00	1.528	1.00	34.8
Lack of interest	2.87	2.00	1.540	2.00	52.3
Shared items					
Hunger/malnutrition	2.79	3.00	1.502	3.00	64.2
Knowledge of First Aid	2.52	2.00	1.564	1.00	65.2
Inequality in access	3.50	4.00	1.564	3.00	32.3
Belief system effect	3.52	4.00	1.625	3.00	71.0
Addictions effects.	3.10	2.00	1.562	1.00	43.2

6.2.6.6.2 Govt/Secondary Hospital Healthcare System

Table 6-26 gives an analysis of the respondents score with respect to secondary hospitals in Nanka community. In summary, for all the 13 listed items, only 5 scores Mdn=4.00 and Q1=3.00 or 4.00 implying either high quality or acceptability, then 2 scores Mdn=4.00 and Q1=2.00 showing acceptability with some levels of improvement and the rest 7 which scores Mdn=3.00 or 2.00 and Q1=2.00 or 1.00 require full attention.

The factors requiring either full or some levels of improvement are as follows: “2 Exogenous” - Enough Gt. Hospital, Staff capability; “3 Endogenous” - Promo/motivation, Hospital Fees, Lack of interest; 3 Shared items - Knowledge of First Aid, Belief system effect, Addiction effect.

Table 6-26: Govt/Secondary Hospital Healthcare System

Items	Mean	Median	Std Dev	Q 1	Cum 4&5
Exogenous Items					
Enough Gov't. Hospital	2.49	2.00	1.439	1.00	45.8
Transport Means	3.49	4.00	1.585	3.00	63.5
Staff capability	3.44	3.00	2.437	2.00	67.1
Endogen. Items					
Promo/motivation	2.81	2.00	1.143	2.00	54.8
Quality of service	3.39	4.00	1.488	3.00	64.8
Hospital Fees	3.31	2.00	1.501	2.00	36.1
Equip & facilities	3.68	4.00	1.494	3.00	67.7
Lack of interest	3.54	4.00	1.500	2.00	30.3
Shared items					
Hunger/malnutrition	2.99	4.00	1.441	3.00	69.7
Knowledge of First Aid	2.52	2.00	1.483	2.00	64.5
Inequality of access	3.59	4.00	1.506	3.00	69.7
Belief system effect	3.81	2.00	1.413	1.00	32.6
Addictions effects.	3.26	3.00	1.516	2.00	58.7

6.2.6.6.3 Rural Healthcare Centre

The Rural Healthcare Centres' scores as in Table 6-27 give the impression that out of the 13 listed items 8 with the scores of either Mdn=4.00 or 3.00 with Q1=3.00 or 2.00 fell into the region of high quality or acceptability, while the rest 5 with scores of either Mdn=2.00 or 1.00 and Q1=2.00 or 1.00 are within the region requiring improvement. Implying that the following items are calling for improvement; "1 Exogenous" – Staff capability; "2 Endogenous" – Hospital fees, Lack of interest; "2 Shared items - Knowledge of First aids, Belief system effect.

Table 6-27: Rural Healthcare Centre

Items	Mean	Median	Std Dev	Q 1	Cum 4&5
Exogenous Items					
Enough RH centres	3.66	4.00	2.531	3.00	67.7
Transport Means	2.94	4.00	1.526	3.00	59.7
Staff capability	2.05	2.00	1.362	2.00	78.1
Endogen. Items					
Promo/motivation	3.78	3.00	1.478	3.00	65.5
Quality of service	3.12	4.00	1.522	3.00	65.2
Hospital Fees	3.26	2.00	1.578	1.00	40.0
Equip & facilities	3.87	3.00	1.463	3.00	62.9
Lack of interest	2.92	2.00	1.506	2.00	51.0
Shared items					
Hunger/malnutrition	2.97	4.00	1.492	3.00	69.0
Knowledge of First Aid	2.41	2.00	1.431	1.00	67.7
Inequality in access	3.16	4.00	1.439	3.00	74.2
Belief system effect	3.53	2.00	1.556	1.00	32.9
Addictions effects.	3.48	4.00	1.487	3.00	62.9

6.2.6.6.4 Alternative Healthcare Providers

The output in Table 6-28 suggests that out of 13 listed items in relation to Alternative Healthcare Providers in Nanka community 8 items with Mdn=4.00 or 3.00 and Q1=4.00 or 3.00 are designated for high quality or acceptability respectively. And 5 items score neither Mdn=2.00 or 1.00, nor Q1=2.00 or 1.00 which entails that full attention is necessary in these areas.

These 5 items encompass: “1 Exogenous” – Regulated/Monitored; “2 Endogenous” - Quality of service, Equip & facilities; “2 Shared items” - Belief system effect, Addictions effects.

Table 6-28: Alternative Healthcare Providers

	Mean	Median	Std Dev	Q 1	Cum 4&5
Exogenous Items					
Community usage	3.52	4.00	1.560	4.00	62.3
Altern to Hospitals	3.50	4.00	1.609	4.00	63.5
Regulated/monitored	1.83	1.00	1.152	1.00	34.5
Endogenous Items					
Effective Treatment	2.94	4.00	1.592	3.00	78.4
Quality of service	3.37	2.00	1.487	1.00	32.9
Treatment Fees	3.44	4.00	1.608	3.00	64.8
Equip & facilities	2.13	2.00	1.347	1.00	73.5
Lack of interest	3.51	4.00	1.581	3.00	66.1
Promotions/motivation	3.52	4.00	1.535	4.00	82.9
Shared items					
Hunger/malnutrition	3.37	4.00	1.521	3.00	68.2
Healthcare outcomes	2.85	3.00	1.482	3.00	61.6
Belief system effect	3.45	2.00	2.592	1.00	54.8
Addictions effects.	3.37	1.00	1.521	1.00	25.5

6.2.6.6.5 Primary School Level of Education

The examination of the items in Table 6-29 in relation to Primary schools in Nanka community offers the following results: of all the 14 items examined, 5 have Mdn scores between 4.00 and 3.00 and Q1=4.00 and 3.00 suggesting either high quality or acceptability, whereas the remaining 9 items gravitate between the Median scores 2.00 and 1.00 and Q1=2.00 and 1.00, signifying the areas of improvement. Interestingly, there is no exogenous items amongst those 9 areas conveyed in table 31 as demanding attention, they are: "4 Endogenous" - School fees, Lack of motivation, Lack of interest, Teaching by age group; "5 Shared items" – Work/employment, Housework, Inequality in access, Belief system, Addiction effects.

Table 6-29: Primary School Level of Education

Items	Mean	Median	Std Dev	Q 1	Cum 4&5
Exogenous Items					
Enough Pr/School	2.90	4.00	1.424	3.00	61.6
Transport Means	2.83	3.00	1.348	3.00	63.5
Illness/disability	3.51	4.00	1.568	3.00	60.5
Endogenous items					
School fees	2.85	2.00	1.424	1.00	52.9
School work	2.46	4.00	1.425	4.00	66.5
Lack/motivation	3.53	3.00	1.543	2.00	52.3
Lack of interest	3.33	2.00	1.567	2.00	38.1
Teaching by age	1.89	1.00	1.257	1.00	32.6
Shared items					
Work/employment	2.81	2.00	1.400	1.00	34.2
Housework	3.13	2.00	1.578	2.00	44.5
Access inequality	3.43	2.00	1.599	1.00	36.1
Belief system	2.72	3.00	1.427	1.00	48.7
Addictions effects.	3.57	2.00	1.524	1.00	27.7
Strike action	2.75	3.00	1.487	3.00	65.5

6.2.6.6.6 Secondary School level of Education

An evaluation of items in Table 6-30 with reference to Secondary School educational level in Nanka community reveals that out of 14 items evaluated, it was deduced that 5 items manifested little or no need for any improvement as their Median scores range between 3.00 to 4.00 and Q1=3.00 or 4.00, where 9 items which exhibited Mdn=1.00 to 2.00 and Q1=1.00 to 2.00 expressed need for further intervention. It is fascinating that Exogenous items did not display any need for further attention, when there are "4 Endogenous" - School fees, Lack of motivation, Lack of interest, Teaching by age group; "5 Shared items" - Work/employment, Housework, Inequality in access, Belief system, Addictions effects calling for further action.

Table 6-30: Secondary School Level of Education

Items	Mean	Median	Std Dev	Q 1	Cum 4&5
Exogenous Items					
Enough Sec. School	2.54	3.00	1.443	3.00	64.5
Transport Means	3.32	4.00	1.536	3.00	67.4
Illness/disability	3.28	3.00	1.557	3.00	68.7
Endogenous items					
School fees	3.10	2.00	1.599	1.00	41.6
School work	2.38	4.00	1.443	3.00	69.7
Lack of motivation	2.82	2.00	1.393	1.00	53.5
Lack of interest	3.35	2.00	1.493	1.00	35.5
Teaching by age group	1.97	1.00	1.304	1.00	31.4
Shared items					
Work/employment	3.07	2.00	1.525	1.00	43.9
Housework	3.09	2.00	1.518	1.00	45.8
Inequality in access	2.94	2.00	1.434	1.00	49.0
Belief system	2.18	2.00	1.457	1.00	52.3
Addictions effects.	3.53	2.00	1.584	1.00	33.5
Strike action	3.01	4.00	1.508	3.00	69.0

6.2.6.6.7 Tertiary School Level of Education

Table 6-31 presents an analysis of the Tertiary school level of education as it affects Nanka community in relation to the items under study. So, looking at the variable scores in the table, we can see that out of the 14 items studied, only 2 amongst the endogenous items have scores of Mdn=4.00 and Q1=3.00 to 4.00, illustrating either high quality or acceptability and need little or no improvement. On the contrary, remaining 12 items with Mdn=1.00 to 2.00 and Q1=1.00 to 2.00 are calling for full attention for further enhancement.

Those items are categorised as follows: “3 Exogenous” - Enough Tertiary. School, Transport Means, Illness/disability; “2 Endogenous” - School fees, Lack of interest; “7 Shared Items” - Work/employment, Housework, Lack of motivation, Inequality in access, Belief system, Addictions effects, Strike action.

Table 6-31: Tertiary School Level of Education

Items	Mean	Median	Std Dev	Q 1	Cum 4&5
Exogenous Items					
Enough Tert'y School	2.26	2.00	1.348	1.00	36.1
Transport Means	3.25	2.00	1.519	2.00	39.4
Illness/disability	3.28	2.00	1.631	2.00	40.6
Endogenous items					
School fees	3.03	2.00	1.562	1.00	45.8
School work	3.23	4.00	1.566	3.00	70.6
Lack of interest	3.31	2.00	1.544	2.00	38.1
Teaching age group	3.89	4.00	1.864	4.00	72.9
Shared items					
Work/employment	2.88	2.00	1.579	1.00	51.0
Housework	2.46	2.00	1.460	1.00	55.8
Lack of motivation	3.28	3.00	1.631	2.00	58.6
Inequality in access	2.72	2.00	1.562	1.00	57.4
Belief system	3.05	2.00	1.655	2.00	57.7
Addictions effects.	3.26	2.00	1.592	1.00	41.3
Strike action	3.20	2.00	1.617	2.00	43.2

6.2.6.6.8 Vocational School Level of Education

The results of the Vocational school level of education as depicted in Table 6-32 demonstrate an exceptional and interesting picture of vocational education comparable to other levels of education in Nanka community. An analysis of item scores under study clearly identified that out of 14 items studied, 11 of them indicated scores of Mdn=4.00 to 3.00 and Q1=4.00 to 3.00 which infers high quality and acceptability, meaning little or no enhancement needed. Whereas only 3 items clustered in the region of improvement considering their scores with Mdn=1.00 to 2.00 and Q1=1.00 to 2.00. They include: “1 Exogenous” - Enough Vocational School; “1 Endogenous” – Lack of interest; “1 Shared items” - Belief system.

Table 6-32: Vocational School Level of Education

Items	Mean	Median	Std Dev	Q 1	Cum 4&5
Exogenous Items					
Enough Voc'l School	2.36	2.00	1.441	1.00	54.7
Transport Means	2.76	4.00	1.559	3.00	67.4
Illness/disability	3.14	4.00	1.601	3.00	65.8
Endogenous items					
School fees	2.79	3.00	1.446	3.00	66.1
School work	2.97	4.00	1.472	3.00	68.4
Lack of interest	2.03	1.00	1.355	1.00	27.4
Teaching by age	2.15	4.00	1.387	4.00	84.8
Shared items					
Work/employment	3.44	4.00	1.575	3.00	75.5
Housework	3.33	4.00	1.567	3.00	78.7
Inequality in access	2.90	4.00	1.404	3.00	72.3
Lack of motivation	3.30	3.00	1.628	3.00	70.0
Belief system	2.17	2.00	1.433	1.00	44.2
Addictions effects.	3.54	4.00	1.551	4.00	82.3
Strike action	2.01	4.00	1.334	3.00	78.7

Table 6-33: Summary of Quantitative Results of Performance Analysis

Performance Analysis	Results
Antecedents of IG via Healthcare & Educational Deliveries	Poor access to healthcare, education, quality, and delivery system
Direct effect of IG – poverty (income) and unemployment reduction – on community	Negative impact on community except for private sector
Poverty, unemployment level for IG practices in the community	Level of IG practices is reasonably low in the community
Mechanisms of IG – Healthcare and Educational delivery services performance	Healthcare strong support to IG, and Educational delivery partial support to IG
Healthcare delivery system: Private, Secondary, PHC, RHC, AHC delivery systems to IG	Private hospital no support to IG, Govt hospital partial support to IG, PHC and AHC delivery systems strongly support IG.
Educational delivery system: Primary/Rural, Secondary, Tertiary and Vocational delivery systems	Primary and Secondary schools partially support IG, Tertiary Education no support to IG, Vocational Education strongly support IG

Table 6-33 Continued

Mediation Effects	Outcomes
Healthcare Sector	
Exogenous items on Healthcare delivery system	Enough hospitals, Transport means, Staff capability. All impact negatively on healthcare save Transport means.
Endogenous items on Healthcare delivery system	Promotions, quality of services, fees, equipment, lack of interest. Only fees and interest don't impact on healthcare and need improvement.
Shared items on Healthcare delivery systems	Hunger/malnutrition, Knowledge of first aids, inequality in access, belief system, addictions. Except hunger/malnutrition and inequality, others need improvement to impact on healthcare
Education	
Exogenous items on educational delivery system	Enough tertiary schools, Transportation means, illness/disability. All didn't support educational delivery except enough school and transportation means that supported primary and secondary education levels.
Endogenous items on educational delivery system	Fees, schoolwork, lack of interest, lack of motivation, teaching by age-group. All impact negatively on educational delivery
Shared items on educational delivery system.	Work/employment, housework, lack of motivation, inequality in access, belief system, , lack of motivation, addictions and strike action. All impact negatively on education except strike action which has no effect on Vocational education.

Table 6-33 Continued

Theme

Subject	Quantitative Research
Assessment of IG Mechanisms in Nigeria: Case study of Nanka	Poverty and unemployment reduction – low access to Healthcare and Educational delivery services partially support IG.

6.3 Findings of Qualitative Analysis

6.3.1 Section Introduction

This second stage of the chapter focuses on the qualitative aspect of the study. Based on the research questions and objectives, it addresses the 2nd-5th questions. Qualitative aspect of this investigation was conducted through semi-structured interviews vis-à-vis health and educational deliveries in the community. The principles of constant comparative analysis were utilised in the evaluation and analysis of the obtained information from interview sessions. Qualitative findings are presented as follows: (1) for Nanka community; the procedure for designing interview guide, procedure for analysing qualitative data and procedure for generating themes from the qualitative data set. (2) Interview process; the interview began with an exploration of the interviewees conceptual understanding of IG which ensured if they are familiar with the research phenomenon or not, the theorised IG performance in relation with health and educational factors are detailed, the performance of health and educational deliveries for implementation of IG are investigated.

In order to achieve the above, thematic analysis for the interview data set was conducted manually as it will ensure greater immersion in the data Wood and Kroger (2000) than computer-assisted software analysis would have allowed. The manual thematic analysis approach was explored following the guidelines developed and recommended by Patton (2002), Auerbach and Silverstein (2003), Creswell (2002), and Creswell and Plano Clark (2011) to enhance the identification of emerging themes across and within interviews.

6.3.2 Procedure for Designing the Interview Guide

In-depth-interviews were utilised in data collection for the qualitative strand of this research from 20 independent and experienced personnel within the workforce of the community. This is essential as it will enable the exploration and revelation of the lived experiences of the communities, particularly, the workforce in the implementation of IG through access to health and education. Interview guides were designed to elicit the essential data needed to address the research questions its construction was based on four strands. First, the variables established from the extensive and relevant literature review. Secondly, the relevant variables that constitute part of the research design. Thirdly, views of academics on IG and access to health and educational delivery.

Fourthly, preliminary discussions with members of the community's workforce and their thoughts on the implementation of IG through health and education. These indeed informed and structured the interview questions and the timing of all interviews. In this perspective, all aspects of the research that needed the opinions of the interviewees were aided with a perfect understanding of IG construct, practices and linkages in the context of my case study. To this end, the questions were designed and structured to ask the research questions revolve around the following:

- IG construct
- IG practices through access to health and education deliveries
- Health and educational delivery capacities
- Resources within the health and educational deliveries
- Health and educational operational approaches
- Challenges and options in access to health and educational deliveries
- What to improve on to increase access to health and educational deliveries

6.3.3 Process of Generating Themes and Analysis of the Qualitative Data

In order to generate themes and analyse, I started with detailed and careful recording during the stage of data collection and analysis. Stage-by-stage data analysis processes are as follows:

6.3.3.1 Transcription of Interviews

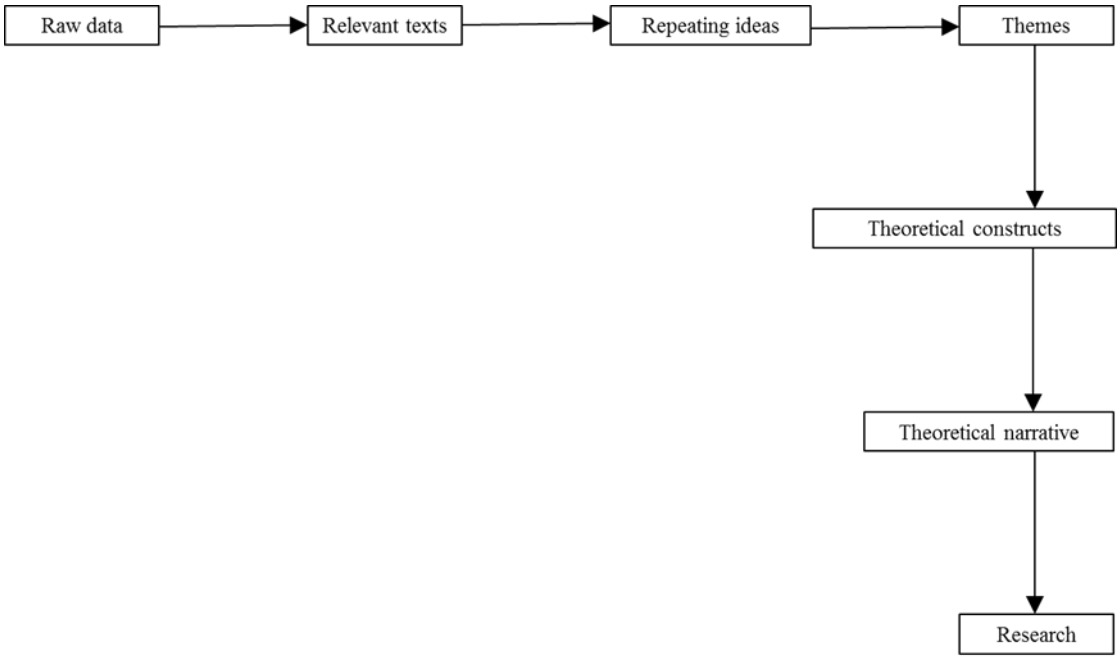
Interviews with all the participants were voice recorded and therefore transcribed separately to generate a textual document of the participants views on every single interview question.

6.3.3.2 Coding and Development of Category System

Interview data (transcripts) were read line by line carefully several times and meaningfully divided into analytical units following the recommendations of (Auerbach and Silverstein, 2003; Maxwell and Mittapalli, 2010).

To this end, in order to develop a master list of all codes for the research study, every single and meaningful piece was coded. To understand the data properly for analysis as suggested in the literature I adopted a certain step in the process of coding in a following order as in fig.6.12:

Figure 6-12 Coding steps



The above steps were essential as they demonstrate my process of moving in an orderly manner from the raw data (text) collected from my participants to addressing the study concern with evidence. The presentation of the research finding utilised repeating ideas, themes and theoretical constructs to form a theoretical narrative to generate meanings from the data.

6.3.3.3 Steps and Coding Order

Step 1: Transcripts were read carefully to identify, and code bits relating to my research questions and named them "relevant texts".

Step 2: Careful reading of the "relevant texts" from different participants shows similarity in the phrases and words usage in explaining same ideas as these are 'repeating ideas'. Then, repeating ideas point and highlight my research concerns. For example, if repeating ideas cut across different participant views it stands as independent thoughts and universality of IG. For instance, repeating ideas in this case include: (A) Key things in IG- poverty and unemployment reduction (B) Good health and proper education; (C) proper health and educational delivery facilities in place; (D) enough capacities within health and educational deliveries; (E) Properly trained and qualified resources (F) good operational approach in health and educational deliveries; (F) challenges to health and education in the communities in Nigeria.

Step 3: “Repeating ideas” that are common to the study concerns were grouped as ‘themes’. Example of themes are as follows: (A) Factors necessary for creating and measuring IG; (B) Access to health and education as mechanisms for extending IG; (C) Performance of access to health and education deliveries for implementation of IG; (D) Supports to access to health and education for implementation of IG; (E) Factors affecting IG through health and educational deliveries.

Step 4: Identified themes were then organised into new and wider abstract ideas to form “theoretical constructs”. Furthermore, theoretical constructs relate my data to IG-unemployment and poverty reduction through access to health and educational delivery theory that underpins this research. For instance, theoretical constructs in this perspective include: (A) Defining and describing IG; (B) Implementations of IG through health and educational deliveries; (C) Challenging factors to access to health and education for IG (D) Dilemma in access to health and education for IG.

Step 5: Theoretical constructs generated “theoretical narrative”. This involve re-telling research participants stories using theoretical constructs during which patterns, relationships and connections between themes were established, as in adoption of Spradley’s Universal Semantic Relationships (Spradley, 1979).

6.3.3.4 Coding procedure keys:

During my coding, ‘repeating ideas’ appeared in quotation form while ‘themes’ in italics and ‘theoretical constructs’ in capital letters. Finally, ‘theoretical narrative’ that is grounded in my data as evidence was generated through theoretical constructs.

6.3.4 Characteristics of the interviewees

The characteristic of interviewees with reference to their ranks, organisation and background profession are shown in Table 6-34. Out of the 20 interviewees, 9 were from health sectors, 5 were from education sectors, while 5 were from the private sector workforce in the town.

The range of different ranks and diversity of the background of interviewees provided the opportunity for diverse views on access to healthcare educational services deliveries in the town as seen in Table 6-34.

Table 6-34: Profile of interview participants

S/N	Rank	No	Background Profession	Organisation
1	General Practitioner	1	Medical/Health	Hospital
2	Clergy Man	1	Academic	School
3	Senior Health Assistant	3	Nurse/Health	Primary Healthcare Centre
4	Senior Staff Nurse	2	Nurse/Health	Hospital
5	Traditional Birth Asst	2	Health aid/Health	Home maternity*
6	Secretary Town Union Meeting	1	Academic	University
7	Clergy Man	1	Priesthood/Vocational	NGO*
8	School Manager	3	Administrator	School
10	Senior Traditional Doctor	2	Alternative Medicine	AHC
11	Farmer	2	Farming	NGO*
12	Manager of a Hospital	2	Administrator	Hospital

Note: * both employed and unemployed status were included in survey

The face-to-face interviews were conducted as individual sessions which lasted for about 60 minutes per session. Notes were taken through recording following the proforma drafted to capture the information needed from the interviews, which were also used to prompt the interview see Appendix 6

6.3.5 Interview Results on Health and Education Deliveries

6.3.5.1 Defining and Describing Inclusive growth (IG)

To be confident that the participants are the right respondents for this study concern with proper understanding of IG conceptualisation in terms of poverty and unemployment reduction in relation to health and education, they were asked in their own words to describe what IG means. Though their views about IG varied but still revolve within the theoretical conceptualisation.

In describing IG, their focus was on the non-IG which necessitated poverty, unemployment, illiteracy, poor health condition (mechanisms) and the overall non-IG in Nigeria [DEFINING IG AND ACCESS TO HEALTH AND EDUCATION]. First, "the prevalent level of poverty and unemployment in the country, particularly in Nanka community is alarming (*poverty is the issue and there is no job to reduce the rate poverty, the key thing is that people are not educated and most often sick to work*). Poverty has become a serious problem and hinders growth in the community. In this way, *poverty has almost become dynastic and looked like inheritance.* This is because "the family generations are referred to as a measure of whether a family will come out of poverty or not". Secondly, "employment which could have helped to reduce poverty is low", *there are no opportunities of employment for the labour force. "*Labour force mainly works in the private sectors like farm work which is not capable of poverty reduction, and others use to gather every morning at different labour units at the marketplace looking for hirers". Thirdly, when they are asked about the qualifications and fitness of the labour force, *majority of the work force are illiterate and most often not well for productive employment to impact poverty reduction as both poverty and unemployment reduction have a strong relationship.* This means that *poverty and unemployment reduction depend on quality of health and good education.*

6.3.5.2 Access to health and educational deliveries (Antecedents) and (IG)

To become IG, it is so far perceived that the level of health and educational delivery, unemployment and poverty reduction are inter-related and affect each other in this community. Therefore, to articulate IG clearly, "there is serious need to assess unemployment level and poverty rate through the performance of health and educational delivery in this community" [INCLUSIVE GROWTH (IG) AND HEALTH AND EDUCATIONAL DELIVERY (ANTECEDENTS)]. Interviewees were asked the reasons for this generational poverty and unemployment in the community, "most of us are not educated, we only depend on our manpower not brain for work, some of us who are educated have no western certificates though they partly depend on their brain, but they are called hand workers" … *lack of education so no employment.* Another important thing is that we do these manual works and become sick, there is no good health facility to look after us, …*lack of health delivery, ill health condition is everywhere, mortality rate is on the increase and rapidly growing and life expectancy very short at about 45 to 55 for male and 50 to 60 for female*. This explains

why they emphasized on health and educational delivery. So, "under this condition you see that the workforce is incapacitated and constrained by the grip of unemployment situation and by extension poverty situation to perpetuity". These on the long run are, "entirely impacting negatively on the communities". So, it is established that, "poverty reduction has serious link with unemployment reduction which access to health and education empowers respectively.

Therefore, to clearly articulate comprehensively the performance of entire health and educational delivery in Nanka community, this study has approached this assessment in terms of the following: capacities, resources, and operational approaches, challenges and options for the community.

6.3.6 Health and Educational Deliveries Capacity

This study's concerns in this perspective are to ascertain the availability of healthcare and educational delivery establishments in Nanka community that can provide acceptable level of services to impact IG. On the aspect of healthcare delivery, this research concentrates on the Private Hospitals, Secondary Hospitals, Primary Healthcare Centres and Alternative Medicine Providers. While on the side of educational delivery this study considers Primary Schools, Secondary Schools, Tertiary Institutions and Vocational Schools.

Under delivery capacities, participants were asked whether Nanka community have enough healthcare and educational delivery in terms of infrastructure, mobility, sanitation, security, electricity, roads and good environments to meet up with the expectation of the community for good medical care and quality education: [HEALTHCARE AND EDUCATIONAL DELIVERY CAPACITIES IN NANKA].

6.3.6.1 Healthcare Delivery Capacity

Almost ten of the participants were confident that Nanka community has not got enough capacities in healthcare delivery, though there are existing healthcare facilities in the community like: infrastructures, facilities and environments or locations where the people go for healthcare services, *but I will say that they are equal to nothing, not good at all.* They echo how much desperation things are in the health sector, "and if I tell you that Nanka community has no health care delivery system you may think that I am exaggerating but that is the truth". For them, this view borders on, *the facilities such as infrastructure, mobilities, sanitations, security, electricity, roads and good environments.* The participants then spoke about different levels of healthcare deliveries.

6.3.6.1.1 Secondary Hospital Capacities

Secondary hospitals which are sometimes known as government hospitals are one of the privileges that communities enjoy from the government as a duty, particularly State government. "Fortunately, we have just got one recently, although not enough for a community with seven villages, but imagine what this community looked like without such government facility for decades" …*our health condition has been very poor, mortality rate is often on the increase and life expectancy low*. "Government didn't build a hospital for Nanka community, do you know what happen? An age grade in

this community built a hospital infrastructures, like: structures for different departments; wards, consultation rooms, theatre, labour room, outpatient departments, X-ray room, Laboratory room, pharmacy, injection room, Staff quarters and other facilities such as borehole, underground tank for collection of rain water for sanitary purposes, generating set for electricity, ambulances for emergencies and security outfits and handed them over to the State government for use as a secondary hospital in the community"*... Government didn't build hospital for us, we rather built a hospital with a conducive environment and handed over to them to help us equip and manage it, this is why the secondary hospital called 'Ofu-Obi General Hospital'*. The interviewees were worried about the functionality and maintenance of those infrastructures and facilities of the hospital. One participant asserts: "I understand that the secondary hospital at the moment lacks maintenance and appears not to be properly looking after", *... the roofs are leaking water during rain, borehole is no longer in use and we don't have water for sanitation purposes, our ambulances are spoilt and not in service again, generator set is spoilt and we don't have electricity again but only use torch lights, lantern and candles at nights for work, beds are getting rusted and mattresses are worn out, even the floor tiles are consistently broken, all these facilities are not repaired and the general cleanliness of the compound is not at its very best, these have contributed negatively to the proper management and smooth functioning of the secondary hospital*. The community is entirely happy that a secondary hospital is within the community", *… we thank the Age group that built this government/secondary hospital for the community*. In a comparative sense,", … *people most often don't seek solution to their health issues from this secondary hospital but rather they go to other hospitals around the neighbouring communities like: Ekwulobia, Nkpologwu, Oko, Agulu, Awka, Onitsha or chemists' stores, medicine sellers or even Traditional medicine givers within the community and get medicines at cheaper rates. Their reason is mainly based on what the witness in the hospital which can be of various kinds.* However, "those who go to secondary hospital here are always as a matter of can't help and they also find it difficult to locate and access the hospital, which is a problem of its own", …*in terms of proximity, we find it hard to go to this secondary hospital because it is not at the centre of the town, but built at the out sketch of a village that is at the beginning of the community, which makes it almost impossible for villages that are at the other ends of the community, particularly, those who have no roads and menaced by the popular erosion sites/landslides the community is known with, find it difficult to access the hospital in good times*. So, "in the long-run the cost of going to this secondary hospital with the usual high bills that follow after each treatment deter people from access" …*any time we think of going for medical treatment in our secondary hospital, we immediately change our minds because of the difficulties involved, so there is a problem of inaccessibility and also unaffordability of the secondary hospital here.*

6.3.6.1.2 Private Hospitals' Capacities

Deliberating on the capacities of the private hospitals in Nanka community, participants assert that, "the community has not got enough private clinics or hospitals". *Decades ago, we used to have the private hospitals/clinics like: Apex hospital, St Basil hospital, Dunu hospital, Chinonso hospital, El-Shaddai hospital*.

These private hospitals "sequentially came into the community and exited not too long they came in, but today we have about two private rented residential apartments in two villages in the community that two medical doctors manage as private hospitals/clinics". *We look at them as outpatient's clinic where doctors seldomly come, see the people, make their money and go because there is little or no evidence that they are hospitals*. The interviewees stated: …*facilities are not enough and it hampers the effective management and treatment of people, we have toilet here and most often just one but no water unless we get from water vendors which we don't often do because of cost and this makes the possibility of a good sanitation hard, no electricity we use torch lights and candles, no good accommodation for patients, beds are jampacked together to accommodate more patients which is dangerous in the case of infections and diseases. These situations do not afford good environment around the private hospital*. "Private hospitals are not easily identifiable from a rented commercial living apartment", one *can hardly know that they are private hospitals without asking people because there are no signages to indicate.* In the rural communities, "security outfit is of utmost importance and highly recommended for healthcare delivery facilities to ensure the safety of the people". One participant says, *this sort of understanding is not applicable for us in the private hospitals, we only have trust on our God, we don't attend to emergencies particularly at night unless we are very sure of the person because we are not safe*. When the participants were asked about mobility, in their own words: "we don't have ambulances in the private hospitals here, people know and don't expect it from private hospitals" … *this makes it hard for patients at emergency to easily access transportations or trek especially at nights.* "Because there are no alternatives especially at emergency moments, people still value going to private hospitals in spite of the nature of such facilities" …*but what often deter people from going there for treatments is the issue of high bills all the time, the cost is always very high, just very high*. "This high bill all the time often become a push factor for the community to seek for healthcare assistance from other sources", …*rather they go to other hospitals around the neighbouring communities like: Ekwulobia, Nkpologwu, Oko, Agulu, Awka, Onitsha and others; like chemist's stores, medicine sellers or even Traditional medicine givers within the community and get medicines at cheaper rates.* "we really think that private hospital doctors don't have enough money of their own or even loans to be sourced in order to take good care of their hospitals", …*which boils down to the bad situation in terms of the economy of the country.*

6.3.6.1.3 Primary Healthcare Centres Capacities

In Nanka community, "we are privileged to have about four primary healthcare centre within the four villages (Agbiligba, Enugwu, Amako and Ubahu) out of the seven villages that made up Nanka community", ... *primary healthcare centre are known in our community with names like rural health care centres or maternities that take care of maternity services only, such as: women from pregnancy stage, antenatal, delivery, child welfare services, giving vaccines to children and treatment of minor health issues*. But, "we still insist that we have not got enough primary healthcare centres, just imagine only four primary health centres in this community that has seven villages and out of these four primary healthcare centre only two look like manageable health centre while the other two look more like old living house", …*our primary healthcare*

centres still retain the structures built by White Missionary Priests that came to evangelise us nearly a century ago, just one old building in each centre, no staff quarters, no water for sanitation, no electricity or generator set rather we use our torchlight or candles, beds and mattresses are very old and have not enough space. These factors and others are hindrances to the smooth running of our primary healthcare centres. They echoed loudly, "we have been clamouring for maintenance in this healthcare centre, but no help came", *there are leakages in the roof, beds are rusting, mattresses worn out, paints on the walls are worn out, labour room and table are nothing to write home about, environment is not always conducive, one can hardly know that they are primary healthcare centres without asking people because there are no signages to indicate. "*Apparently primary healthcare centres lack mobility" *…we don't refer cases to major hospitals, and this makes us to handling some major cases we could have referred by ourselves which eventually becomes trial and error*. "Security issues are often neglected", *…thieves steal our properties, neighbouring families encroach into our lands because we don't have boundary demarcation, and documents of the place are lost as they are very old primary healthcare centres*. "The following factors mentioned above and others contribute immensely to the malfunctioning of our primary healthcare centres, and the reason why the community members do not entirely value going to their primary healthcare centres for health issues except on emergency health issues", *…we have culturally believed that primary healthcare centres are meant for pregnant women, children welfare services and minor treatments which people have started running away from due high bills all the time after treatments*. This explains the reason why the community seek healthcare assistance from other sources instead of what we have in this community".

6.3.6.1.4 Alternative Medicine Providers Capacities

In Nanka community, "we have Alternative Medicine giver such as; Pharmaceutical stores, Chemists stores, Traditional Herbal Doctors homes, Traditional Birth Attendant homes, Home Midwives, Homeopathic Homes and Medicine Vendors", *…in terms of proximity, unlike other medical hospitals they are always available in all the nooks and crannies of this community, people are treated in their homes, at the roadsides, markets square etc.* Interviewees bared their hearts saying, "When all these hospitals are not easily accessed the alternative medicine providers become the next option for the community", *…we cannot afford not to go to them because some of them are our saviours especially at critical times like in the middle of the night or when we don't have money. "*Although their places have also got their own problem, for instance, they don't usually have enough buildings to accommodate their patients" *often times the rooms will be filled up and some patients will occupy the corridors as their living places, other even stay outside the house without any shelters day and night, and for such people it becomes worse during rainy season, during the season some will rent at least a room in the nearby compound to live throughout the duration of their treatment.* In terms of bed spacing, "beds are jampacked in the room usually one or two room, many sleep on the floor either with sleeping matt or bare*" people sleep anywhere they find a little space whether inside or outside of the house with beds and mattresses or without them.* In such places, "other facilities like water for sanitation are not always available, no toilet facilities and no security", *… people don't look for*

comfort, they buy water from vendor, at times many of them take their bath once in a couple of days, they either go or dispose their sewages in the bush or forest, you can see that people are not safe there because the environment is always dirty and infectious. This is the nature of such a place, "yet people value seeking for their help in times of healthcare issues even more than they go to other medical hospitals unless when these places can no longer help them", …*these alternative places for treatment of health issues have been saving us in this community*. "So, they are easily patronized because the government facilities are not always accessible to community, even when they are accessible, they may not be affordable".

6.3.6.2 Educational Delivery Capacity

Almost halve of the interviewees believed that, "Nanka community has got enough educational delivery in some levels though not in all levels to impact an acceptable level of literacy for productive employment". While the other halve opposed this view, "and revealed that there are lacks and rooms for improvement in educational delivery in Nanka community", …*though there are existing educational delivery facilities in the community like: infrastructures, facilities and environments or locations where the people go for Primary and Secondary educational levels but they are not adequate, similarly, other levels like Tertiary and Vocational levels have not got any such educational facilities at all in the community*. "Participants echoed how much desperation community has been with the educational sector with such omissions", …*people struggle and sort for help to fill up such gaps from outside the community.* The participants then spoke about different levels of educational deliveries.

6.3.6.2.1 Primary level Education Capacities

Twelve out of the 20 participants are of the idea that Nanka community has got enough primary education in terms of the number and to some extents infrastructures", … *11 primary schools in community, 8 of them are jointly owned by both government and missions while 3 are privately owned by the missions, they have some structures and buildings though not enough and not in good order, the missions we talk about here are the two main denominations in the community, Catholic and Anglican religions respectively* "while the remaining participants are convinced that, "the community has not got enough primary school…*yes Nanka community is made up seven villages, the 11 primary schools in the community exist in four villages only while the other three villages have none. All of them have some infrastructures such as structures which are not enough and in the decaying stage, no -maintenance, electricity, borehole, mobility, security outfits, water for sanitations, disabled facilities, roads.* One participant dares to ask, "what is the essence of providing primary schools at the community levels if not to bring the basic education at the door post of people", …*lack of proximity to the people, inclusiveness of people of different kinds and cannot efficiently impact on the level of literacy in the community*. The whole interviewees assert, "in the community, at least about 90% value education at the primary level and has always wanted to send their wards to them if not for the infrastructural challenges in those primary schools", …*as such, well to do families prefer sending their kids to better primary schools outside the community, this affects both the enrolment rate and school attendance in community primary schools*. This explains why the community lays emphasis on the

standards, "that there are still a lot of rooms for improvement in terms of the expectation from the primary school to impact literacy", …*and prepare the kids for higher learning or to an extent take up jobs.* In terms of supports, "both government and the host community do help in some areas but not in the aspect of infrastructures for the moment and that is why the community is trying to draw the attention of government, philanthropists, organisations to the reality on ground", …*meanwhile, we are managing what we have got, and the Parents Teachers Association (PTA) is trying and pushing hard for improvements.* But for now, the PTA's commitments and focus are on the bourgeoning demand for maintenance culture for the existing infrastructures", …*otherwise there may not be any external support if their keenness for maintenance culture is not visibly established.* In any case, it is only in the government or joint primary schools that we have these shortcomings in infrastructures and maintenance culture, but the ones owned by missions are to a greater extent of better standards", *the missions are our succour in terms of proper education in this community though very expensive to attend but many didn't mind.*

6.3.6.2.2 Secondary level Education Capacities

At the secondary level of education, about eight participants hold, even though, the community has 5 secondary schools where 2 are owned by government (public), 2 privately owned and one owned by mission but most of them do not meet up with the community's expectation to impact acceptable level of literacy", …*our views about them in terms of infrastructures, facilities and maintenance culture, is that the 2 government owned and one privately owned are nothing to write home about, one privately owned is still struggling while one mission owned has all it takes to make an impact*. The community understands these secondary schools in terms of capacity as follows, first, "in the two government and one privately owned secondary schools which are less expensive, students don't live in the hostels, they come and go back on daily bases", …*the facilities are not enough and in the decaying stage, no maintenance, electricity, borehole, mobility, security outfits, water for sanitations, disabled facilities, roads.* Secondly, "one privately owned secondary school to a varying degree is better due to the fact that some infrastructures are in place though a little bit expensive to attend", …*here some students live in the hostel while other come and go on daily basis, has maintenance culture, a bit secured, accessible but no electricity, borehole, mobility, water for sanitations, disabled facilities.* Thirdly, "one mission (privately) owned secondary school has all it takes to impact high level of literacy to the expectation of the community and outsiders, though expensive to attend but highly competitive to enter", … *here all students live in the hostel, no students come and go on daily basis, has high maintenance culture, with full security outfits, easy accessibility, with electricity, a couple of boreholes, mobility, constant water supply for sanitations, clean environments, but not inclusive of different income groups, with no disabled facilities.* : These images of education in Nanka community at secondary level explain why some secondary schools have high enrolment rates, school attendant rate, impact literacy level and afford the number of years due to finish, while others do not necessarily afford them", *...it is with particular reference to their respective capacities as only the wealthy families will value sending their kids either to the good secondary school within or outside the community, while the poor ones*

will manage with what is available in the community. Therefore, "there is a lot of emphasis in the community on how to improve the capacity of education at secondary level to the expectation of the community", …*to ensure conducive environment capable of preparing students for higher learning or to an extent take up jobs.* In terms of supports, "both government and the host community do help in some areas but not in the aspect of infrastructures for the moment and that is why the community is trying to draw the attention of government, philanthropists, organisations to the reality on ground", …*meanwhile, we are managing what we have got, and the Parents Teachers Association (PTA) is trying and pushing hard for improvements. Their push has attracted few individuals who have helped a lot.* But for now, the PTA's commitments and focus are on the bourgeoning demand for maintenance culture for the existing infrastructures", …*otherwise there may not be any external support if their keenness for maintenance culture is not visibly established.* In For now, "it is only the mission and privately-owned secondary schools have the strong capacity to impact acceptable level of education", … *their high performances, good looking infrastructures, facilities, comforts and positive effects attract students from far and near though not inclusive of all community kids who wished to attend due to cost implication*.

6.3.6.2.3 Vocational Education Capacities

The understanding of Vocational educational level of education is a bit complex in Nanka community. When the participants were asked about the existence of Vocational education in the community, for most of them, "community has a believe that there are many types of vocational education, such as, accredited vocational institutes where one can be given a certificate at the end of the course or non-accredited vocational institute where certificates are not given at the end of training", some *of us know about this vocational institution from our experiences outside of this community*. In general, "vocational education level in terms of capacities, Nanka community still have problems, a lot of problems", …*community is not yet committed or focused to this type of educational level*. In the perspective of the accredited vocational education, "there is not a single infrastructure on ground known as vocational education centre, no visible structures yet, even in the primary and secondary schools where craft skill acquisitions are taught have no separate structures for it", *...community is still discussing and proposing for a well accredited vocational institute, but ignorance of the benefits of this type of education is a key issue, another problem is erosion/landslide menacing most of the community's land space*. Then, for non-accredited educational institutes, Nanka community has no pronounced infrastructures known for such trainings except may be under a tree for a purpose of shades or in a situation where one rents one room store or shop and doing personal entrepreneurial or craft work", …*people do come there for trainings on craft or skill acquisition programmes, though not many people because everybody wants where certificates are given at the end of training.* "From every indication Nanka community values Vocational education and the absence of it is a great omission in the community", …*this is the reason why many community members go outside the community to obtain such education like Ekwulobia, Agulu, Awka, Nnewi or Onitsha.* So, "most often, due to poverty, the community interests on the rate of attending vocational education are reduced as they cost people fortune to access such education from outside the

community", …*we spend so much money in transportations and feeding aside the tuition fees to access good vocational education outside the community.*

6.3.6.2.4 Tertiary level Education Capacities

The issue of tertiary education level with reference to capacities which is an important area for Nanka community as regards poverty and unemployment is another problem point. All the interviewees hold, "Nanka community has no infrastructures on ground that are known as Tertiary Institution, none at all", …*having a Tertiary institution here is not even in the pipeline in the community*. With one voice the whole participants echoed, "it will be a difficult thing for this community to embark on Tertiary institution project because of the things that are involved, ranging from lands, resources, personnel, government policies, etc", …*Nanka community is deficient of most all it takes to provide a Tertiary institution*. One of the participants buttressed this view saying, "even there was a time one of the philanthropists of the community proposed building a Tertiary institution in the community and asked the community members to provide him with sufficient land space in line with government policy, this didn't happen, and the idea fades away", ...*the philanthropist eventually ended up building a huge stadium for the community and state use on the alternative*. Some members of the community who have opportunity to attend tertiary education level accessed it from other communities within our State, like Awka, Oko, Nssuka, Umunze, Nsugbe, Obosi, Umunya, etc or other States in the country", …*the distance between these places where tertiary education can be accessed and the community is many kilometres away, and this makes it hard for the community members.* "Owing to the apparent unavailability of Tertiary institutions within the community and as a result of the difficulties involved in accessing it, ranging from proximity problem, cost implications such as tuition fees, accommodation bills, feeding, transportations, attendance and enrolment rates are reduced and number of dropouts increased", …*many community members always lose interest to attend to tertiary education level and others dropout without reaching to the graduation year.*

6.3.7 Health and Educational deliveries Resources (human and physical)

This study's concerns in this perspective are to ascertain the availability of resources in healthcare and educational sector establishments in Nanka community that can provide acceptable level of health and educational services to impact IG. The participants were asked whether Nanka community has got enough human and physical resources in healthcare and educational sectors. Human resources, which include; the entire personnel for management, while physical resources involve; other facilities like, equipment and machines that aid in the management to ensure proper healthcare and educational delivery in Nanka community [HEALTHCARE AND EDUCATIONAL DELIVERY RESOURCES].

6.3.7.1 Healthcare Delivery and Resources

Almost all the participants were confident that Nanka community has no good healthcare delivery in terms of human and physical resources. In healthcare delivery,

this research concern is to study the functionality of the hospitals within the community in terms of: (a) Human resources with reference to workers, includes; Doctors, Nurses, Lab Scientists, Radiographers, Pharmacists, drivers, security men, cleaners and other management teams, while (b) physical resources, includes; equipment and facilities for diagnosis and treatment of people, such as machines and medicines.

6.3.7.1.1 Private Hospitals and Resources

The interviewees were asked whether private hospitals have got enough human resources for management of health issues in this community? The ideas they conveyed were, "private hospitals in Nanka community have qualified medical doctors, one for each hospital, they look like General Practitioner who are new in the field and just started a part time hospital service within a community while doing full time elsewhere", *...they come to see the people for consultations most often in the evenings or at intervals as their time allows them, patients will come and wait before the doctor arrives because they are not always available in the hospital.* When the participants were asked about other medical personnel in the management team, "ha, ha, ha, you don't understand what we are telling you, only one General Practitioner and one or two nurses whether qualified or unqualified run private hospitals in this community", but eh, eh, I think Nurses are not qualified", *…any time you see them they are always on ordinary wears like common people or at time in a complete nurses wears but all in blue colour and not in a perfect white colour gown and head wears with which qualified nurses are known with.* Participants echoed loudly, "private hospitals have no equipment or machine for diagnosis and treatment of patients in this community" *…the only equipment we see in our private hospitals are the body pressure (BP) apparatus that nurse use to check the BP and of course the sphygmomanometer that Doctors put across their necks while consulting patients.* The doctors we have in the private hospitals are the ones we call 'do it all doctor', it is a complex situation in healthcare", *one general practitioner treats all kinds of health issues in the human body whether he/she can handle it or not.* "Another side of it is that these private hospital doctors don't treat with diagnosis or laboratory tests because they don't have the equipment", *…private hospital Doctors only do visibility studies on patients and begin the treatment and most often not sure of what they are treating.* "After prescribing the medicines for any treatment, they give us the medicines they have in the hospital and give us a list of the out-of-stock medicine so that we go to medicine dealers to buy them", *…they don't always have medicines in stock in the hospitals.*

6.3.7.1.2 Secondary hospital and Resources

The interviewees were asked whether a secondary hospital in the community has got enough human resources for management of health issues within this community? About ten participants related that, "secondary hospitals known as Ofu-Obi hospital in Nanka community have qualified medical doctors and they are General Practitioner and not more than that", *…the Doctors are about two in number that take up different days interchangeably to come and treat all kinds of health issues which is wrong in the proper healthcare delivery*. A participant affirms", *…Doctors in our secondary*

hospital only work in the morning times and at times would skip coming at all for a day or two because they also work in Neni Teaching hospital and perhaps come here during their days off in their main hospital. However, "when patients come and the Doctors are not there, the Nurses will attend to the patients", … *but most often patients go away for alternative which makes it hard in emergency*. "Affirmatively, most of our Nurses in this secondary hospital who are employed by the government are qualified ones except few of them that are employed by the community", …*at least we have up to four registered Nurses, Midwives, two senior chews, junior chews and few Auxiliaries, it helps to open the hospital for twenty-four hours, Nurses take their shift accordingly and at every shift there must be at least one qualified Nurse in the hospital*. "But in terms of treating people when the Doctors are unavailable", …*cases become worse when patients meet an unqualifies nurses alone*. "Interestingly, in the absence of Doctors sometimes the Nurses don't take chances in handling the health issues, that is the good aspect of the trained or qualified Nurses", …*often times, the Nurses will advise the patients with serious health issues to go to another hospital except when the health issues border on malaria, typhoid, headache or other 'small, small' health issues.* Concerning the entire management team, "our secondary hospital has not got enough human resources in terms of capable medical personnel for healthcare delivery in this community", …*anyway we have lab scientists who do only minor lab tests, pharmacist who dispenses medicines and nothing more in the other departments. Also, we have drivers who do no work because our ambulances are damaged, security man who is old and not a registered security, a finance person, but we don't have professionals, consultants, specialists for the treatment of serious health issues rather patients with serious health issues are referred to other hospitals outside the community*. Nevertheless, "our secondary hospital has variant of equipment for diagnoses and treatment of patients donated by both the government and some philanthropists in the community", …*we see different types of machines we think are meant for diagnosis and treatments packed in the hospital rooms, they are still there now*. In application, "although we have equipment, but the problem is that some of them are not in use due to paucity of trained medical personnel who can operate them", … *some of those facilities lie idle without being used, many are getting rusted, where some are already damaged due to mishandling and mismanagement, while others have not been touched at all, dilapidating, out of date or even stolen and sold to another hospital*. Because serious health issues are not diagnosed and treated in our secondary hospital due lack of medical personnel and equipment patients are always referred to other hospitals", …*this highlight the reason why the secondary hospital doesn't provide most of the prescribed medicines for patients but rather patients are given a list of out of stock medicines to go elsewhere to buy, patients will end up to a medicine store where they will be given anything in the name of medicine in so far it is very cheap*. So, "resources our secondary hospital is poor due to staff strength, and not good enough for the proper functioning of the hospital.

6.3.7.1.3 Primary Healthcare Centre and Resources

The interviewees were asked whether PHC in the community has got enough human resources for management of people's health issues? Almost all the participants stated thus, "at primary healthcare level, we think that the community has got a manageable

number of qualified medical personnel and other workers that are capable of healthcare delivery", *…although we don't have medical doctors working in the primary healthcare centres but qualified nurses, midwives or Birth Attendants work in all of them in the four villages in the community where the centres are, although amongst them are also auxiliary nurses but there must be a qualified chief nurse who is always in charge*. "Because medical doctors don't work in the PHC, the understanding of the community is that the centres can only manage limited healthcare issues", *…they cannot handle every healthcare issues, they only handle maternity issues, pregnant women antenatal cases, normal delivery of new-born babies that is not Caesarean section (CS) delivery, child welfare, immunization and all those things*. The only problem we have in the primary healthcare centres is that the staff strength is not enough to handle health issues in the community", *…the system we run in the primary healthcare centres is that both the chief nurse and the entire staff don't have shift times and days off, they work every day from morning until closing time in the evening*. "One of the outcomes of a situation like this is that the staff run the primary healthcare centres as their private business and no one knows what is happening there", …. *the staff come whenever they want and go at their own time, their supervision is once in a while and most often they set their own prices for treatments. This is why their cost of treatments is always too high*. "Medical equipment and medicines we have here for diagnosis and treatments are not enough and they are very old or out of order, although community members donated some equipment and medicines but most of them are not in use because they are not needed in this primary healthcare centre", *…we buy the equipment we need by ourselves in order to protect ourselves against diseases and infections and when we are transferred, we go with them to our place of transfer. We also advise patients to go elsewhere and buy the medicines that we don't have here.* A chief nurse asserts, "because of lack of equipment in this healthcare centre, I don't take chances on patients, I always refer cases that look critical without waste of time to bigger hospitals".

6.3.7.1.4 Alternative Healthcare Providers and Resources

When the question about the alternative medicine providers was raised, no participant felt indifferent to the discussion. They loudly echoed, "this is where the whole problems of healthcare issues and complications come from*", we call them do it all doctors because they will try to treat any type of sickness, just mention it*. "We have a lot of them more than the community needs in all the nooks and crannies of this community, namely, native or traditional medicine givers, herbalists, traditional birth attendants (TBA), home midwives, chemist, patent medicine dealers, homeopathic medicine and drug vendors", *…they all thrive, unlike the medical doctors they have an association in this community and are always available and disposed for the patients who come for health issues.* Where we are confused about them is on the area of qualifications, some have certificates with registered clinics and give medicines while others have no certificates, no registered hospital/clinic or are registered medicine givers or dealers but they all thrive in this community", *…they try to confuse people with their mouth about their experience in medicine, the number of years they have been in medicine business and how effective or curative effective their medicines have always being to people who take them*. Following the mindset of the community

in terms of culture, level of education and poverty situation, people flock on them seeking for solution for their health issues because their cost implication is always affordable", *…in the absence of the required you make use of what is available, that is why people often patronize them*. These alternative medicine givers don't need or use equipment for diagnosis or treating people", *…their system is to listen to you, look at you and give you medicine according to the amount of money you came with because they are for money making ventures. They are not being checked either by the government agency or community to know whether they are doing what is correct.* A situation like this will always give rise to aberrations", *…because there are no compounded health issues in the community in the long-run that are not attributable to have started with these alternative medicine givers*. Their treatments have no duration, they will continue to treat you until you are tired of coming or decide to change your mind, they don't easily refer patient to other hospitals", *…rather some medical doctors refer some health issues to them, such as, the case of bone fractures.*

6.3.7.2 Educational Delivery and Resources

Many of the interviewees avowed that educational delivery in Nanka community has a good number of both human resources and equipment, but the important question is, how good are they to impart acceptable level of literacy that can ensure opportunity of productive employment? In educational delivery, this study concern is to investigate into the strength and functionality of educational delivery resources and facilities within the community in terms of (a) human resources with reference to the staff, both tutorial and non-tutorial, (b) equipment which includes facilities for teaching, learning, recreation and social events.

6.3.7.2.1 Primary level Education and Resources

Interviewees were first asked whether primary educational delivery in Nanka community have got enough and qualified human resources in terms of staff strength and their qualifications, both tutorials, such as, teachers, head teachers, management team and non-tutorial, like, drivers, security people, PTA for proper educational delivery. According to two participants, "primary educational delivery has got a good number of teachers, but the problem is that more than halve of them are not qualified", *…because we experience paucity of qualified teachers and cost implications, we have no option than to employ non-qualified ones through the PTA.* "One of the interviewees further notes that government primary schools share the same view…private or mission primary schools are even worse off", *…most of them employ only the non-qualified teachers maybe with one or two qualified ones because of cost implication.* "Primary schools have their management teams, and they are trying their best with what the school has on ground", *…at times lack of qualification or inexperience makes some not function well*. Then, security wise, "mission primary schools enjoy the security outfits in the mission compound as their schools are built inside the mission premises, while others don't have security outfits unless the ones employed by PTA", *...primary schools are vandalised all the time*. Another interviewee noted, "few mission primary schools have drivers because they have vans, but public schools don't have vans", *…everybody walks to the school both teachers and pupils.* "*P*rimary schools have PTA which is a meeting of parents whose children

are in the school and the teachers teaching their kids to discuss about problems in the school", *...they are the eyes of the community in the schools, they are powerful and support to fill some gaps in the schools*. Coming to the area of the equipment: teaching, learning or recreational", *…primary schools haven't enough books for teaching and learning, no good library, no games and recreational facilities, still use charcoal black board and white chalk which is always scarce in the head teacher's office where distributions take place on daily basis*. Another interviewee pointed out that, "children with disabilities are not accommodated in the primary schools, this is a huge challenge", *…because primary schools have no provisions that can accommodate them, all these challenge enrolment and attendance rate to primary schools.*

6.3.7.2.2 Secondary level Education and Resources

Interviewees were asked to describe educational delivery at secondary level in Nanka community with reference to their human resources. In describing the staff strength at secondary educational level, amongst the similar views of the participants, a prominent one is, "similar to primary educational level, secondary level has a good number of teachers, but the key issue is 90% of them are not qualified teachers with certificates", *…secondary schools employ more of unqualified teachers through the PTA because of the shortage of qualified ones, those teachers are called PTA teachers and less cost effective*. Another interviewee remarks, "we notice that mission and private secondary schools are worse off than public secondary schools in employing unqualified teachers than the qualified ones", *…spending money on more qualified teachers is always a problem for missions and privates' secondary school*. Participants affirm, "educational delivery at secondary level have good management teams, ranging from the staff, PTA and education board", *…these teams serve as the eyes of the community in the school*. In addition, "even though these managements are trying their best, but they are more organised in the mission and private schools than public ones", *…missions and privates have policies guiding the managements and they are supervised accordingly, this is why some teachers are scared working for them*. Then, security wise and drivers, interviewees confirm, secondary schools are meant to have security outfits and drivers, but not all the secondary school have them especially public schools even though they have buses", *…missions and some private secondary schools have full and serious security outfit and a driver because of supervision and punishment*. Furthermore, concerning the teaching, learning materials and other facilities, like; sports, recreations, social etc. Two interviewees described the situation thus, educational delivery at secondary level either they don't have teaching, learning facilities at all or that they have outdated ones", *…there, teachers are short of both text books and exercise books for teaching, student lack learning materials, no good library, there are computers with no teachers, they teach vocational subjects with no practical, laboratories without equipment, no games and recreational facilities, still use charcoal black board and white chalk which is always scarce in the head teachers office for collection.* Then, about halve of the interviewees attested that, "missions and one other private secondary school are different because they have most of this equipment in place, indeed they have modern facilities for teaching and learning", *… they have both textbooks and exercise books for teaching and learning, with good library, computers, they teach vocational subjects with practical, well equipped*

laboratories, games and recreational facilities, with modern teaching boards and marker inks. "Enrolment rates, attendance rates and dropout rates are low in the missions and private secondary schools than public ones", …*they are organised and have facilities that are expected to impact acceptable level of literacy*. But the only learning and teaching facilities we have not seen in all secondary educational delivery is the ones for the physically challenged children, this is a huge challenge", …*lack of such provisions challenge enrolment and attendance rate.*

6.3.7.2.3 Vocational Education and Resources

This research confirms that there are two perspectives of Vocational education level, which include: accredited and non-accredited vocational institute. The study further confirms thus, "educational delivery in Nanka community has no accredited vocational education centre but has non-accredited vocational education centres for vocational training", …*there is no single infrastructures or visible structures on ground for accredited vocational training, it is accessed from outside the community, but there are few structures for non-accredited vocational training*. Accordingly, the interviewees were asked if the existing non-accredited vocational training centres in the community have got enough and qualified resources in terms of staff strength and equipment capable of impacting an acceptable level of vocational educational training that can ensure IG. In the area of staff strength and qualification, one interviewee was emphatic, thus, "in each structure there is always one master or mistress, which may not be enough, and others are trainees", …*one person alone in a setup teaching all the trainees at the same time, though there may be a cashier whose work is only to collect monies*. The same interviewee further stressed, …*there is no orderliness amongst them, confusion and fighting all the time, and most often, many of them are frustrated out without completion*. "Security wise, there is no official security outfit for the community's non-accredited vocational trainings, it is a personal affair", …*everyone, master, mistress and trainees take care of the security of his/her own training centres and equipment*. On the perspective of availability equipment, another interviewee noted, "because non-accredited vocational training is always a personal or family business, each master or mistress in a particular centre has both teaching and learning equipment according his/her financial capacity", …*usually the master or mistress has his/her equipment while the trainees are expected to get their own equipment individually, where if you don't have any that's it.* Therefore, "because of the poverty that exists in the community, vocational centres don't have enough teaching, learning and working equipment", …*they always use old and rusted equipment which frustrates peoples' effort, thereby reduce enrolment and attendance rates and increase the rate of dropouts*.

6.3.7.2.4 Tertiary level Education and Resources

This study has confirmed that there are no existing tertiary institutions in Nanka community, but they have university students. "Then concerning the human resources as well as equipment, one interviewee strongly describes, "establishment and equipment of Tertiary institution are guided by strong policies from NUC and they follow the prerequisites to the latter", …*NUC gives stage by stage supervision from the start of infrastructure to equipment of Tertiary institutions to ensure proper*

learning. Therefore, "every university has got enough human resources such as tutorial and non-tutorial", …*tertiary education levels have enough and qualified staff strength as it is all a government affair both Federal and State Government*. Concerning the equipment, another experienced participant echoed thus, "universities have enough teaching and learning facilities that ensure high levels of learning but depends on the department one belongs", …*all the departments in the universities are independent in terms of teaching and learning*. "One challenge that Tertiary institutions need to forestall is the exclusion of the challenged workforce with disabilities, by putting in place the facilities that will include them in learning", …*physically challenged workforce within the community willing and ready to learn have no equal opportunities with the rest, it affects the literacy level.*

6.3.8 Health and Educational Delivery Approaches

The concern of this research in this regard is to establish the operational approach utilised within health and educational delivery in Nanka community. The interviewees were asked if health and educational delivery in Nanka community have established operational approaches that can ensure positive impacts in the lives of the community. Operational approaches include promotions, handling methods, follow-ups and encouragement. [OPERATIONAL APPROACHES WITHIN THE HEALTH AND EDUCATIONAL DELIVERY]

6.3.8.1 Healthcare Delivery and Operational Approaches

More than a half of the participants indicated their strong believe that for decades healthcare delivery within Nanka community has not got strategic and established operational approaches in rendering its services. In healthcare delivery, this study looks at the approaches with which the healthcare delivery performs their duties within the community.

6.3.8.1.1 Private Hospitals and Operational Approaches

To become a proper healthcare delivery within a community, there must be a system and process of handling health issues by the medical personnel within the healthcare facilities. Concerning the private hospitals, the interviewees were asked to describe how the patients are normally handled from the start to the end of the treatment of their health issues. "Once a patient comes into the hospital for health issues, a hospital card and file which bear the full detail the person will be issued to the patient, the nurse on duty will check and record the vital signs of the patient, after this stage , the patient will queue in the line waiting to see the doctor", …*if the doctor comes the patients go in one by one to consult him on their health issues, if doctor didn't turn up for the day, either the patients seek for solution to their health issues from another hospital or the patients go home and come back tomorrow to know if doctor will turn up*. "Patients don't book any appointment to see a doctor", …*patients just come into the hospital to see a doctor whenever they are sick and have the need to consult a doctor for treatments*. "Every treatment of health issue begins with diagnosis which often leads to lab tests to aid in the diagnosis", …*doctors often diagnose patients by pressing of fingertips round their bodies and placing of the sphygmomanometer at some areas of the body while putting the other end of it to the ears listening to things*. "First round of

treatment begins when a doctor gives a prescription following the diagnosis and payment of those medicines, if the hospital provides them. If not, the patient will be advised to go and buy them elsewhere", …*sending patients to lab tests most often doesn't come at the initial stage rather it comes after the second or third visit of attempts for treatments have failed*. "The treatment will continue in this way until either the patient recovers or decides to change mind and seek assistance from other medical sources", …*it appears that private doctors don't easily refer patients with serious health issues in good time*. "Emergencies do come to the private hospitals but the way they handle them doesn't indicate its urgency", …*when emergencies come, the nurse will call the doctor on phone, if the doctor is available, he/she will attend to the emergencies if unavailable a nurse will advise them to go to another hospital*. "Health promotion exercises in the community like outreach, seminar, orientation, creating awareness, free treatments etc are essential as they are ways of drawing the attention of the community to health issues, management and prevention of health problems through a positive attitude, life-style, etc", …*health promotions enhance and improve health condition of people, induce increased life expectance and reduce mortality rate, but unfortunately this community doesn't experience such promotion exercise from private hospitals, in fact they don't organise them for our community, they only paste posters and banners on the walls of the hospitals for people to read, thanks to some of the philanthropists of this community who organise the actual healthcare promotions independent of hospitals.*

6.3.8.1.2 Secondary Hospital and Approaches

Accordingly interviewees assert, "secondary hospital which is expected to provide some level of secondary healthcare services is no less the same with privates but the only difference is that people know days and times they can come and meet a doctor" *... if patients come nurses on duty issue cards, open file, check and record vital signs, and queue patients up to go in one by one to a consultation room to see a doctor concerning their health issues, if no doctor turned up for the day nurses will either treat or refer to another hospital.*. "Patients don't book appointments to see a doctor only in a case of seeing a specialist or consultant medical doctor that patients have to book appointment in advance, unfortunately we don't have them in our secondary hospital", …*patients just come into the hospital to see a doctor whenever they are sick and have the need to consult a doctor for treatments*. "Every proper treatment of health issue begins with diagnosis which involves doctor's physiological examination and lab tests of all sorts to aid in the diagnosis", …*as part of the vital signs check, doctors often begin the patient's diagnosis by using their fingertips to press round their bodies and sphygmomanometer to check some areas of the body*. "The findings of this initial diagnosis will determine whether the doctor will go ahead with treatments or to send the patients for further tests in the laboratory for more enquiry before the proper treatment", …*it appears that doctors in the secondary hospital often send patients to lab tests before the commencement of the proper treatment of their health issues and I think it the ideal thing*. "Once the proper treatment begins following doctor's prescription it will continue until either the patient recovers or referred to the Teaching hospital Neni or Nnewi unless if the patient decides to change mind and seek assistance from other medical sources", …*fortunately the doctors that work in our secondary*

hospitals in this community also work in the Teaching hospital Neni, so with that link we have the privilege of being referred to a Teaching hospital when our health issues become complex. "Emergencies do come to the secondary hospital and they are always handled properly, but the situation becomes complex if doctors are not on seat, either they didn't turn up for the day or they have finished with their consultations and left as they don't live in the hospital, particularly in the nights", …*if emergencies come when doctors are not on seat, the nurse in charge will attend to the emergencies to know if he/she will refer them to another hospital or manage them until a doctor comes the following day*. "Health promotion exercises in the community through outreach, seminar, orientation, creating awareness, free treatments are essential", …*but unfortunately secondary hospital has not recorded an impressive healthcare promotion exercise in this community, in fact they don't often organise them for our community, they do it once in a couple of years which involves: HIV test, Blood pressure checks, test for diabetes, during which they will subsidize the prices of the medicine they will give people. Secondary hospital knows well how to paste posters and banners on the walls of the hospitals for people to read.* "Healthcare promotions we know are the free medical checks and treatments that are organised by some philanthropists of this community, the church and members of this community in diaspora at different times of the year independent of hospitals in this community", …*churches most often organise seminars, talks and conferences to sensitize the community on healthcare management and preventions, philanthropists of the community also do bring into the community both medicines and doctors to check and administer the medicines for all kinds of health issues especially malaria and eye problems*. "Even though that these medical treatments done once in a year are not always enough because there is no follow up until another year or whenever such opportunity of free treatments come up again", …*but at least this is better than none because a lot of people have been saved through these healthcare promotions.*

6.3.8.1.3 Primary Healthcare Centres and Approaches

It appears that the approach in PHC is similar with other health facilities, "only the patients file and details will be opened and recorded by any of the following: assisting staff, auxiliary nurse, receptionist or chief midwife" …*but because of the impression that PHCs only handle maternity issues, pregnant women, antenatal cases, normal delivery that is not Caesarean section (CS) delivery, child well fare and immunization, the whole workers in the PHC are always females.* When the file is opened, the patient will queue in the line to wait to see the chief midwife in charge or the birth Attendant as the case may be in that particular PHC for proper diagnosis", … *the chief Midwife will begin to diagnose the patient depending on the health issue, if it is a maternity issue, the Midwife will manage the patient from conception to delivery, if other health issues arise the patient will be treated with a prescription from the midwife, unless there is a need to refer the patient*. "The cases that go to the PHCs are usually minor healthcare issue", …*but Midwives in PHCs also refer cases to bigger hospitals if it is what cannot be handled in the centres*. "Patients don't book appointments earlier in order to see a Midwife unless it is a group programme such as group antenatal or immunization scheduled for a particular day and time" …*otherwise, in the normal circumstances patients just come into the PHC whenever they have the need to consult*

them for treatments or examinations. "Emergencies do come to the PHCs and they are always handled properly, but the situation becomes complex if emergencies come when the chief Midwife is not available, particularly at nights", …*this is because, as workers don't live in the centre due to lack of staff quarters, staff only sleep in the centres if there are patients on admission, otherwise they go back to our homes at the close for work in the evening, although the staff always leave their contact phone numbers on the walls of the centre to contact them if need be, it is still difficult because of mobility problem, if a staff is not mobile and a case is an emergency one, before the staff would come to the centre something might have gone wrong.* "Primary healthcare centres are good in healthcare promotions as we hear them always make announcements in the churches, through the local town criers and by pasting banners and posters on the walls of the centres", … *at least once in a year they organise seminars, talks, conferences, outreach and home visit to sensitize the community mainly the women on healthcare management, preventions, treat minor health and pregnant women issues.* One of the participants noted "philanthropists, NGOs and groups often sponsor PHC promotions …*different organs support our PHCs in their promotions by donating some medicines and equipment to help them in their work.*

6.3.8.1.4 Alternative Medicine Providers and Approach

Almost all the interviewees strongly affirm thus, "unfortunately there is no particular procedure for handling patient's health issues amongst the Alternative medicine providers", …*patients come into their houses any time and go whenever they finish with whatever they will do to the patient for that day if the patient is an outpatient, otherwise the patient will be given a sort of admission. Although some of them used to ask for money for their supposed hospital card, but in practice no card will be issued and no file case for subsequent treatments will be opened*. However, "after the first treatment which makes that patient their candidate, if an in-patient the person will be given an admission, if otherwise the patient will be given a duration to come back for check-up", …*as it stands, alternative medicine givers are capable of giving either full, partial or no admission to their patients, only chemists and patent medicine dealers can only give either partial or no admissions to their patients depending on the health issue they found out*. "For consultations, patients always queue up without any file to consult but every patient knows by intuition who is either before or after him/her", …*at times there will be confusion in the queue and patients will struggle for positions in the line, this often leads to exchange of bad words or even fighting.* During diagnosis doctors do not depend on lab tests to aid in the diagnosis", … *the alternative medicine givers will only listen to your story of what is happening to you, use their fingertips for checks, while chemists and patent medicine dealers will as well use sphygmomanometer to check some areas of the body*. "The nature of the story of your health issues, the findings of the initial diagnosis and the amount of money will determine how your health issues will be followed up", …*the patients receive treatment according to how much they were able reduce the total cost of their treatments.* "Once the proper treatment begins, it will continue until either the patient recovers or decides to change mind and seek assistance from other sources", …*incidentally alternative medicine providers hardly refer their patients to seek medical assistance from another medical sources. They always insist that they can*

treat any type of health issue, thereby causing complications most often. "In treating people, alternative medicine providers give all kinds of medicine both orthodox or traditional medicines", …*our worries come from the fact that those medicines they give do not have dosage, one will drink, drink and get tired of drinking them*. "Emergency cases do go to them, but it is always a complex situation, because their medicines take time to start off the healing process, and delay in healing process can make things go wrong, indeed their treatment of health issues is quite different", ...*they always tell their patients to give their medicines particularly at least a duration of 48hrs before they expect some changes in their health conditions*. "In health promotion they are wonderful"…*alternative medicine providers are indeed good in healthcare promotion exercise, absolutely perfect, they have big signages detailing out all kinds of health issues they treat, they use microphones announcing to the people about their medicines while driving or walking on the road, they talk to people and sell their medicines on the roads, streets, market squares, in the churches and at social gatherings, they convince a lot of people to buy their medicines.*

6.3.8.2 Educational Delivery and Approaches

About 12 interviewees confirmed that educational delivery in Nanka community is meant to have a uniform approach with the general educational systems in Nigeria. But it is important to ask, what is the reality on ground and how appropriate are the operational approaches in educational delivery to impact IG? This section therefore examines approaches with which educational delivery performs its duties in terms of: educational systems promotions and handling services to improve the quality of education, increase enrolment rate, literacy level, attendance rate and reduce dropout rates in education.

6.3.8.2.1 Primary level education and Approaches

In order that educational delivery in Nanka community at the primary level will ensure proper learning it must follow the national system of operations and approach within the delivery. Therefore, participants were asked to describe the system of operation and approaches in the primary schools in the community. All the participants hold, "primary education whether private or public operates a system that begins from primary one and ends in primary six, a child must pass the examinations in every class before promoted to the next class until the child finishes primary educational level with certificate", …*a child in primary one who fails to pass primary one examinations must not enter primary two and others, that is why non-serious children repeat classes a lot, at time will not finish when supposed or dropout half way through*. Participants admitted that, "at primary six which is the final year at primary level, a child must take and pass two exams viz; first school leaving certificate and common entrance into the secondary school level", …*a child who passed these two exams will leave primary education level and enter secondary education level otherwise the child will repeat until he/she passed*. "Attendance to classes is on daily basis except weekends", …*though they may have extra lessons in weekend*. Their system of learning is designed thus, "the nature of curriculum is tied to only reading and writing and looking at the national policy for primary education, everything is about certificate", …*because the main objective of primary education is only to prepare children at that level for*

secondary education and nothing more, this explains why some private primary schools jump primary six to enter secondary education. "Therefore, very low emphasis is placed on what would the students do at the end of their primary educational training assuming they don't progress to higher education level, or they don't get employed afterwards", *…as such they become unemployed because they were not given adequate employable skills at primary education level since employment was not targeted at that level of education (leading to child labour, road vendor, hawkers, early marriage)*. "Educational promotion exercises, such as, scholarships, education awareness, award giving, seminars, orientations etc are essential as they are ways of drawing the attention of the community to the importance of education", *primary educational delivery embarks on promotions, like scholarship opportunities, formation of education boards, PTA, schoolhouses or structures after the names of Philanthropists, graduations and awards to exceptional students*. "Although community shows little or no attention to primary level of education in the community", *…there is room for improvements.*

6.3.8.2.2 Secondary level Education and Approaches

Discussing about system of operation and approaches in educational delivery in Nanka community at secondary educational level, nearly all the interviewees narrated the following, "secondary education whether private or public operates a system that begins from Levels 1-6", *…these six years are divided into two major classes; from classes one to three are called Junior Secondary School (JSS 1-3) while classes four to six are known as Senior Secondary School (SS 1-3).* "To qualify to enter a secondary school, a child must have passed a first school leaving certificate in primary six and consequently Common Entrance Exams to be placed to any secondary school", *…failing to pass these exams will not qualify to enter secondary educational level.* In secondary education level, "a student begins from JS1 and must pass to qualify for JS2 until JS3, the student now takes Junior Secondary Certificate Exam (JSCE) to finish Junior Secondary level and enter Senior Secondary", *…unless if the student fails to pass JSCE, otherwise the student is qualified for SS1.* "Students who entered SS1 class in so far as they are passing exams will progress to SS2 class until SS3 class, where they finish with Senior Secondary Certificate Exams (SSCE) or what is called, West African Examination Council (WAEC) and will be eligible to take, General Certificate Examinations (GCE)", *...at this level, successful students in SSCE, WAEC or GCE will qualify to enter tertiary education level either by sitting for Joint Admissions and Matriculation Board exams (JAMB) or going straight to Vocational education.* "this explains why the nature of curriculum is tied to only reading and writing and looking at the national policy for secondary education, everything is about certificate", *…because the main objective of secondary education is only to prepare students at that level for tertiary education and nothing more, lately some schools are now diversifying their curriculum to incorporate vocational trainings*. "Therefore, very low emphasis is placed on what would the students do at the end of their training assuming they don't progress to tertiary education level or they don't get employed afterwards", *…as such they become unemployed because they were not given adequate employable skills at secondary education level since employment was not targeted at that level of education (leading to child labour, road vendor, hawkers, early marriage)*. "At

secondary education level, student have the option of living in the school hostels throughout the course of their studies", …*this happens especially in the private or mission secondary schools that have the facilities in place*. "Educational promotion exercises happen at secondary educational level, such as, scholarships, education awareness, award giving, seminars, orientations are essential as they are ways of drawing the attention of the community to the importance of education", …*educational delivery embarks on promotions, like scholarship opportunities, formation of education boards, PTA, school houses or structures after the names of Philanthropists, celebration of school Patron Saint feast day and awards to exceptional students*. "Although education promotions are yielding some positive responses from both community, Alumni Association, Government and Organisation, but we still have a lot of rooms for improvement", …*Philanthropists and Alumni association have more attention to secondary level than primary educational levels*.

6.3.8.2.3 Tertiary Level Education and Approaches

To describe tertiary educational approach and operations, "one interviewee stated, basically educational delivery at tertiary level is a third-level, third stage of postsecondary education following the completion of education provided by secondary education", …*which includes diplomas/certificates and associates or bachelor's, master's and doctoral degrees.* According to UNESCO, "tertiary education focuses on learning endeavours in specialized fields of higher vocational and academic education", …*this education can be obtained in the university, vocational or trade schools and colleges*. Another interviewee dares to say, "according to the nature of curriculum guiding educational delivery in the country tertiary educational level is a gateway to employment," …*this explain why there are many departments in the tertiary educational level and many different courses taught in them which can ensure employment of different kinds*. Therefore, to enter into the tertiary educational level one has to fulfil the entry requirements, first, for the university and second, for the course you want to study", …*for universities, one sits for joint admission matriculation board exam (JAMB), will again sit for Post Unified Tertiary Matriculation Examination (POSTUTME), For vocational or Trade school, one sits for entrance exam and interview exams. Success in these exams will qualify the person to enter the tertiary educational level*. "To finish tertiary education level takes a minimum of four years and a maximum of many years", …*depending on the course a student is doing and whether a student is a regular or part time*. "Although tertiary educations have hostels, catering and care of oneself is private and individually planned", …*the only common thing that brings students together at this level of education is classroom, where attendances are sometimes but not seriously checked*. Since, "tertiary education facilities are not in Nanka community, the member of the community access education at Tertiary level from outside the community", …*based on these factors, on average it is difficult for the community to access tertiary education, particularly, low-income group.* As a low-income community with a large population, "many community members who access or hope to access tertiary education often depends on scholarship", …*this why scholarship scheme in the community has a long queue, highly competitive and by merit, people have to indeed wait and wait*. Scholarship schemes are few and as such enormous conditions are attached to it which makes it

hard", …*to get a slot people have to wait like 3 to 6 years, yet at the end not everyone who wished will be lucky to get, as such, will dropout in frustration and end up in unemployment situation*. "Educational promotion exercises at Tertiary level are an ongoing process in Nanka community, we have a committee called Education Committee whose assignment is to carry out sensitization and mobilization of the populace to embrace education, which has resulted to people putting one scholarship scheme or the other in place", … *at the tertiary level, besides family and private scholarships, the community now have two scholarship schemes operational at official level.* "More efforts are made so that bright students who have no financial backup from parents may have opportunity to access tertiary education", …*Nanka community does not want any student to complain of inability of access to tertiary education due to lack of funds.*

6.3.8.2.4 Vocational Education and Approaches

The interviewees confirmed that, "only non-accredited vocational education exist in Nanka community", …accredited ones and more reliable non-accredited ones are accessed from outside the community because the non-accredited ones in the community are mere petty ones. "Accredited vocational education is one of the postsecondary educations which follows at least after the completion of secondary education level, while non-accredited ones admit any body, literate or non-literate", …both types of vocational education have no formal entrance exam, but accredited vocational education is more organised than non-accredited ones which most often is chaotic. "Duration of training varies, for accredited vocational education, it ranges from 1-4years while in the non-accredited ones, number of year ranges from 3-6years and at times depends on how fast a trainee is able to learn", …there is no stable operational rules as regards the number of years for training but at the end of training, students are either given certificates in the case of accredited ones or set free to begin their own for non-accredited ones. Vocational education focuses on training endeavours in special fields like; craft/skill acquisition, entrepreneurial, apprenticeship", …they vary and highly dependent on one's own ability with reference to cost implication. All the interviewees echoed that, "the nature of curriculum guiding vocational education is independent of each other and specific to schools, but they are gateways to employment," …the nature of employment vocational education ensures is a function of how efficient one learnt the training skill. "Therefore, very high emphasis is placed on what and how would the trainees do at the end of their training assuming they don't dropout halfway as employment will be ensured", …as such they become employed both in private/public sectors, otherwise if dropped out unfinished will remain unemployed which can lead to crimes. "Some accredited vocational education centres have accommodations while a few others together with all the non-accredited don't usually have, people either rent houses or accessing the training from their home" …trainees go on daily basis except on Sundays. "Because accredited vocational education centres or more reliable non-accredited ones are not in Nanka community, people access them from outside the community", …this makes it hard for all who wanted it except a privileged few who are able to meet up with all it takes, in this case, enrolment rate, attendance rate, graduation rate may reduce and can increase rate of dropout. "The petty vocational education training centres in Nanka

community are very few, inefficient and cannot ensure productive employment to the workforce afterwards", …this explains why there is high rate of unemployment and poverty in the community. "Educational promotion exercises going on in Nanka community has not focussed on the aspect of vocational education, and as such, intending trainees are not included in the scholarship scheme", …at the moment vocational education is taken as a private education and should be seen as family business, all because the community has more regards to certificates than non-certificates type of education, this understanding discourages attendance to vocational education in the community.

6.3.9 Challenges of Health and Educational System

"To maximize the services of healthcare and educational system in Nanka to impact IG some factors are identified as a challenge (CHALLENGES/DILEMMAS IN HEALTHCARE AND EDUCATIONAL System)" …*a lot of challenges contribute setbacks to the smooth functioning and proper organisation of resources, institutions and people for proper healthcare and educational deliveries in Nanka community*. "The implications amongst others are poverty and unemployment situations which increasingly rising". The challenges include:

6.3.9.1 Healthcare System

The challenges in the healthcare system in the community includes:

6.3.9.1.1 Poverty Situations

The twelve participants subscribe to the issue of poverty as a challenge to healthcare system, "because the community is low-income community with growing population of families on daily basis affects the system delivery", …*poverty affects healthcare system delivery here, people don't respond to healthcare services, they either prefer to stay back at home managing themselves without any healthcare attention or resort to Alternative medicine providers for cheaper alternatives.* Most often this model of treatment leads to complications in health issues", …*complications that may end up in pre-mature death, low life expectancy of between 45 – 55 and 55 – 65 for male and female respectively, and high mortality rate as is the case in the community*.

6.3.9.1.2 Lack of Healthcare Insurance and Promotions

"Healthcare insurance and promotions serve as possible ways of reducing cost implications in healthcare system delivery", …*unfortunately we do not have such privileges in this community, we hear about it but in practice we do not see it*. "If there is healthcare insurance, people can access healthcare facilities of their choice, treat their health issues at subsidized rates and I think it will help the community" …*for instance, any time we have free medical treatments in this community people use to turn out in great numbers, and after that free treatment instead of following the treatment further in the hospitals within the community they go back to their homes waiting for another free medical treatment may be next one or two years.* Poverty extends to malnutrition", …*people eat whatever they see that is cheap.*

6.3.9.1.3 Lack of Infrastructures/Facilities and Maintenance

It is important to ensure sufficient and well-designed healthcare facilities in the system", …*unfortunately, many facilities are still lacking, family homes are even used as a healthcare facility*. "It is also disheartening that even some of these facilities the community have got in the healthcare delivery are sometimes abandoned, dilapidating and not maintained", …*lack of maintenance culture in healthcare system constitutes a lot of difficulties in healthcare deliver*. "Lack of peace arising from land disputes between the healthcare sector and neighbouring families is equally a big challenge to healthcare delivery", … *fear of insecurity hinders some philanthropists and charity groups who wanted to build some infrastructures for healthcare delivery from doing it.*

6.3.9.1.4 Lack of Staff and Equipment

"Staff strength is a big contributor to a successful healthcare system", …*lack of staff strength is a big challenge*. "Lack of equipment for diagnosis and treatment of patients is a challenge", …*therefore only palliative treatments are given in our healthcare delivery and patients with serious health issues are referred to other hospitals.*

6.3.9.1.5 Alternative Healthcare Providers

"Alternative medicine providers capture on the advantage of inefficient and unaffordable healthcare system in the community and treat any type of sickness with any type of healthcare", …*because they are always available for community and in the absence of the required people make use of what is available to them*. "Nobody either the government agency or community checks to know whatever they are doing", …*they make a mockery and abuse healthcare delivery.* "Often they mismanage and complicate health issues leading to high mortality rate", …*this is the reason for low life expectancy and high mortality rate in the community*.

6.3.9.1.6 Lack of Support

"Lack of government and community support is a problem", …*but the needed supports come from a few individuals and often not enough to impact noticeable changes in the system.* "lately there is a perception that these few philanthropists are withdrawing their support", … *it is a worrying trend since they are not motivated through appreciation, recognition or rewards.*

6.3.9.1.7 Lack of Access to Loan Scheme

"Lack of loan scheme for investment in health system to trigger growth is a huge challenge", … unfortunately, we do not have such provisions for people wanting to invest in this community, it is difficult to access loans here. "It may also be one of the reasons why businesses don't thrive in this community", …people only depend on farm work, they are mainly subsistent farmers, just farming and eating their products.

6.3.9.1.8 Drug Abuse, Smoking and Drinking

"The peace and tranquillity that exist in Nanka community has become a strong pull factor that attract strangers to come live, do farm work and businesses and integrate

with the community members", …*strangers brought in different cultures, values and behaviours to influence the community members*. "It appears that some strange behaviours, like, too much alcohol drinking, drug abuse, smoking of hard drugs noticed amongst the young generations of this community are coming from the strangers", …*they even form an association with an attractive name like 'YOPI GUYS' which spurs the young ones to belong*. So, the practices of these groups are seriously challenging the healthcare delivery in this community", …*they drink a lot, sell and smoke a lot, and abuse themselves health wise*.

6.3.9.1.9 Level of Education and Security

"Lack of proper of education and security check are notably challenging situations to healthcare delivery", …people are brainwashed and pushed to adopt inadequate ways of handling their health issues and nobody is checking if the practises are correct. It is noticed that in Nanka community the mind-set or culture in healthcare delivery is based on who will convince me about the best treatment to my health issues", …in this community, every health person is listened to and the efficacious of every medicine is tested.

6.3.9.2 Educational System

The challenges in educational system in the community includes:

6.3.9.2.1 Poverty Situation

Twelve interviewees similarly described poverty challenges thus, "the community is a low-income earner which fundamentally is affected by the growing population of families on daily basis", …*as such accessing quality education is always a problem for many*. "The two implications of poverty in relation to education are: first, poor families tend to access low quality education for their children which they can afford the cost", …*might produce students who may not have the ability to pass exams and further their education, and this leads to dropout and eventually end in unemployment*. "Secondly, students may hope in sponsorship and queue up in a long list awaiting scholarships which are few in the community", …*when students wait too long, a few may get it while unlucky ones will not get and might be frustrated out leading to unemployment.*

6.3.9.2.2 Lack of Infrastructures/Facilities and Maintenance

Interviewees attested that, "lack of infrastructures, well designed educational facilities with enabling environment for proper education are huge challenges to educational delivery in Nanka community", …*unfortunately, some educational facilities especially the essential ones are still lacking leading to reduction in enrolment rates and attendance rate.* Another interviewee noted, it is important to strengthen the frequency of maintenance culture in the educational delivery", …*some existing structures are in bad shape, look abandoned and increasingly dilapidating.*

6.3.9.2.3 Lack of Staff and Equipment

One interviewee noted; "access to proper educational delivery is partly a function of having enough and qualified staff strength", …*lack of enough and qualified staff*

strength challenges the delivery. "As such PTA always employ unqualified ones to fill the gap and manage teaching some subjects", …*unqualified teachers are also problems to education in the community*. More so, "lack of modern teaching equipment and learning facilities are also part of the challenges in educational delivery in Nanka community", …*schools have little or no facilities of their own, Government and World bank do help but not always enough*.

6.3.9.2.4 Lack of Sufficient Promotions

"Promotions remain a dominant player in educational delivery, through promotions community may know the importance of education and consequences of uneducated", …*leads to unemployment and consequently poverty*. "And through promotions more scholarship schemes can be canvassed" …*to enable the exceptional students have more opportunities for studies.*

6.3.9.2.5 Lack of Maintenance Culture and Support

"Support and maintenance culture are ways of keeping infrastructures in place, unfortunately these are lacking in educational delivery", …facilities *look abandoned, dilapidating and enough external support is wanting*. "Unconcern attitude from school managements is a contributor", …*school management always show laissez-fair attitude to maintenance culture and appreciation of supporters*.

6.3.9.2.6 Magic Centres and Social Media

"The influence of magic centres (centres where results are bought) and social media (internets, Facebooks, WhatsApp's) have deteriorated the interest of students towards studies", … *students always hope to buy good results with money from magic centres, therefore no need for studies again*.

6.3.9.2.7 Quick Money Syndrome

"Due to the poor family background of some parents, their children are in a hurry to shun education and go into trade and other opportunities to make money quickly", …*in order to come out of poverty as soon as possible*. "As a result of lack of education, if they don't succeed, they come back worse than they left", …*leading to unemployment, poverty and criminality*.

6.3.9.2.8 Government and Mission Partnership

"The impact of the partnership between the government and Mission in educational system is affecting both the management and the students", …*most often it comes with crises of whom to obey first and whom to ignore*. "Where two elephants fight it is the grass that will suffer, and that two captains don't stay at one end of the boat", …*teachers and students bear the blunt of it*.

6.3.9.2.9 Lack of Land

"Availability of land is one of the pre-requisites in the govt guideline for provision of post-secondary educational establishments", …*there is paucity of land in the community*. "Nanka community is land locked by erosion/landslide problem and

increasingly eating deep in the community", …*erosion is a huge problem in the community when you come to a land issue*.

6.3.9.2.10 Lack of Loan Scheme

"Loan scheme helps in the access to educational delivery, particularly, post-secondary education", unfortunately, we do not have such provisions for students who have no sponsorship to study to the level they wanted, it is difficult to access loans here. "Even business and trades don't survive here", …people are mainly subsistent farmers and depended on their farm products.

6.3.9.2.11 Drug Abuse, Smoking and Drinking

"The effect of drugs, smoking and drinking is huge in Nanka community diversely and negative impacting in their lives inclusive of education", …*influence of drugs as a result of unemployment and lack of security checks/control is affecting the community.*

6.3.10 Quality of Qualitative Research and Data Testing – Validity and Reliability

The qualitative aspect of a huge study of this kind, needs to meet the standards of quality research which hinges on "validity" and "reliability" (Denzin and Lincoln, 2011; Lincoln, Lynham and Guba, 2011). In line with philosophical assumptions and qualitative research tradition, concepts like; quality, authenticity and trustworthiness (Maxwell and Mittapalli, 2010), dependability, transferability, confirmability and credibility Richards (2014) have been proposed to reflect "constructivist" approach. The aim is to make implausible anything invalidating an interpretation of qualitative data and conclusion – i.e. threat to validity (Cooper and Emory, 1995; Denzin and Lincoln, 2011)

To achieve the above, this study adopted the following approaches; first looking at validity and reliability in terms of "justifiability of interpretations" and generalizability for "transferability of theoretical construct", And secondly, identifying the strategies explored in addressing the validity threats which often affect the result of qualitative research.

6.3.11 Validity and Reliability as Justifiability of Interpretation

In order to ensure a justifiable way of data interpretation, as recommended by Rubin and Rubin (2011), this study employed three criteria which include; Transparency, Communicability and Coherence.

6.3.11.1 Transparency

To achieve justification in data analysis, it must be transparent. As such, this study employed several steps to achieve transparency in interpretation. For instance, (ref. procedures and steps in chapter 5).

6.3.11.2 Communicability

To achieve a justifiable data, it also must be communicable. The implication is that both themes and theoretical constructs emerging from the analysis of data must be understood by the research participants and make sense to the research community. Since this research made use of respondents' own words in analysis it is important to test their understanding to ensure that data analysis process is authentic. To do this, both themes and theoretical constructs were described to the participants during which their feedback indicated a good understanding of different themes and theoretical constructs of the research as emanating from their lived experience. In this manner, justifiability of interpretation is coherently communicated which aids transferability of theoretical construct that emerged from the study (Auerbach and Silverstein, 2003). Following this, the communicability of my constructs is supported.

6.3.11.3 Coherence

For the data analysis to be coherent, it must be justifiable. It implies that my theoretical constructs fit together for me to be able to tell a coherent story of the lived experience of IG to the participants. For instance, the two theoretical constructs for this study include; DEFINING AND DESCRIBING IG AND ACCESS TO HEALTH AND EDUCATION, fit together to form a structured narrative that describes participants (Community's) construction of IG and its implementation. So, telling the story about the individual experience of participants (Theoretical narratives) aided in shaping the qualitative data of this study.

6.3.12 Validity Threats and Treatment Methods

In their quasi-experimental studies Campbell and Cook (1979) indicated that source validity threats are of different dimensions. This study has chosen to discuss two most important threat to validity that often affect qualitative research conclusions and their treatment methods. The threats are: Bias and Reactivity (Reflexivity).

6.3.12.1 Researcher Bias

In the words of Miles and Huberman (1994), bias is situation where a researcher tends to select data only to fit his/her goals, preconceptions or existing theory to be able to generate data that is in line with researcher's preconceptions. In this case, it becomes researcher's subjectivity which either may affect the study either positively or negatively. If positive, it shows how researcher's expectations and values influenced research conclusion positively, while if negative, it becomes a threat to the validity of the research.

However, in conducting this research, my open-minded approach has enabled me to seek the participation of various sectors that make up the entire workforce of Nanka community. This approach helped to achieve inclusivity in the research devoid of bias.

6.3.12.2 Reactivity

This relates to the influence a researcher has on the participants and field of research, whose actual influence is impossible to eliminate (Hammersley and Atkinson, 1995).

Interestingly, this strand of study did not aim at eliminating the researcher's influence but instead acknowledge and use it positively. Therefore, being aware of my influence on the participant opinions and research setting, and in order to eschew undesired results of the research and improve validity of outcomes, I adopted the following strategies, which includes, allowing participants to speak using their facial expressions in more details that can back up their thoughts, encouraging the participants without interjection to express themselves freely and avoidance of leading questions. My influence in this way helped me to extract varied and detailed lived experience of the participants on IG constructs and access to health and education, which data were analysed, interpreted and valid results presented.

6.3.13 Further Methods of addressing Validity Threats in Qualitative Research

Other more strategies were utilised to achieve validity in the data analysis, interpretation and conclusion of the qualitative strand of this research. They are as follows, triangulation and respondent validation i.e., member checking.

6.3.13.1 Triangulation

This is used to report a research design which involves a wide range of data or where different methods of handling data are employed in answering research questions (Richards, 2014). Hence, triangulation relates to use of diverse sources of data from participants across functional areas (Creswell and Plano Clark, 2011). Consistent with this line of thought, triangulation in this research is involved in collecting information from diverge range of individuals, settings and sectors and were triangulated. This aided detailed, varied and rich data collection which provided a full and revealing picture of participants IG conceptions. A rich-thick description was further adopted in the write-up of findings, that imparted shared experience and transferability (external validity) (Lincoln and Guba, 1985). Thus, the validity of the conclusion of this research was enhanced from these strategies.

6.3.13.2 Respondent Validation

This is a strategy referred as member-checking in qualitative research studies and widely used to enhance validity Bryman (2003). According to Holloway (1997) member-checking is often explored when the respondents are provided with the interview transcripts to check the accuracy of their contributions. In the same line of thought with this research, I first solicited feedback from the participants on the data collected and secondly, on the research conclusions. This aims at ensuring adequate and correct capturing of their lived experiences. To achieve this, the interview transcripts and the research conclusions were discussed with the participants to check if their views are reflected, and the research conclusions understood. Interestingly, participants feedbacks agreed with the data from respondents and conclusion drawn from the data by the researcher.

Finally, therefore, the credibility of the qualitative aspect of this research was established when data extracts and research findings were blended. The realisation of

this was achieved through the process of data collection, data analysis and detailed interpretation exploring a step-by-step approach. In this way, the validity and reliability of qualitative research findings are properly established (Silverman, 2002). In the minds of Auerbach and Silverstein (2003) through this process the interpretation and transferability of theoretical constructs are justified.

6.3.14 Generalisation of Qualitative Research – Transferability of Theoretical Construct

Even though all repeating ideas and themes emerged from this research appear to be culturally specific to communities in Nigeria following my sample, but by extension, its abstract theoretical constructs broadly expand beyond my sample and Nigeria to other developed and developing countries. In this case, the theoretical constructs in this study therefore are transferable notwithstanding the contexts or boundaries. Consequently, all the meanings attributed to these theoretical constructs can further be extended to other emerging economies.

6.3.15 Cross Verification of Qualitative Results and Quantitative Findings

Table 6-35 below highlights the side-by-side comparison of the findings and results from both qualitative and quantitative aspects of this research. As recommended by Jick (1979), to achieve the purpose of a mixed method approach, efforts were made to accomplish complementarity and establish a single study. In triangulating qualitative findings with quantitative results an approach suggested by Creswell and Plano Clark (2011) was utilised for this aim. This method is a key feature of concurrent nested design in mixed method and widely explored in social science research such as: (Gómez and Ranft, 2003; Schelfhaudt and Crittenden, 2005). In this respect, the study identifies and gives possible explanations in the areas of discrepancy leading to the decisions highlighted in the discussion section.

Table 6-35: Merged Results & Findings of Qualitative and Qualitative Research

Subject	Quantitative research	Qualitative research
Level of IG practices		
Antecedents of IG Via Healthcare & educational deliveries	Access to healthcare, education, a quality delivery system	Access to healthcare, education, capacity, resources, operational approaches
Direct effect of IG on the community	IG – poverty, unemployment directly impacts negatively on the community except private sector	Poverty reduction alone doesn't lead to sustainable IG but with unemployment reduction
Poverty, unemployment level for IG practices in the community	Level of IG practices is reasonably low in the community	IG is not well practised in the community

Table 6-35 Continued

Subject	Quantitative research	Qualitative research
IG practices through healthcare & education		
Mechanisms of IG – Healthcare and educational delivery services performance	There was a strong evidence of healthcare and little evidence of educational delivery impacts	There was evidence though no clear evidence of their respective impacts
Healthcare delivery system: Private, Govt, PHC, AHC delivery systems	No strong support to IG practices except PHC and AHC delivery systems	Indicated support to IG practices though low and need some enhancements.
Educational delivery system: Primary, Secondary, Tertiary and Vocational delivery systems	There was no clear evidence of support except on Vocational education	There was strong evidence, particularly on the private sectors of education and vocational
Moderating effect on Healthcare delivery for IG	No moderating effects save their joint impact	Healthcare delivery capacity, resources and approaches do not moderate IG except PHC and AHC
Moderating effect on Educational delivery for IG	No moderating effect save their joint impact	Educational delivery, capacity, resources and approaches do not moderate IG except private sector and Vocational

Table 6-35 Continued

Subject	Quantitative research	Qualitative research
Challenges of IG via health & education		
Mediation effect on healthcare delivery performance for IG practices	Non-existent	Lack of the following: insurance, infrastructure, promotions, maintenance, external support, loan scheme, facilities, security check and drug abuse moderate IG
Mediation effect on Educational delivery performance for IG practices	Non-existent	Lack of the following: land infrastructure, promotions, maintenance, external support, loan scheme, facilities, security check and others: drug abuse, social media, quick money syndrome, magic centres moderate IG

Table 6-35 Continued

Subject	Quantitative research	Qualitative research
Areas for improvement in healthcare		
Exogenous items on Healthcare delivery system	Enough hospitals, Transport means, Staff capability. All impact positively on healthcare delivery save enough hospitals	Essential
Endogenous items on Healthcare delivery system	Promotions, quality of services, fees, equipment, interest. Only fees and interest don't impact on healthcare and need improvement.	Essential
Shared items on healthcare delivery system	Hunger/malnutrition, Knowledge of first aids, inequality in access, belief system, addictions. Except hunger/malnutrition and inequality, others need improvement to impact on healthcare	Essential

Table 6-35 Continued

Subject	Quantitative research	Qualitative research
Areas for improvement in education		
Exogenous items on educational delivery system	Enough schools, Transportation means, illness/disability. All didn't support educational delivery except enough school and transportation means that supported primary and secondary education levels.	Essential
Endogenous items on educational delivery system	Fees, schoolwork, lack of interest, teaching by age-group. All impact negatively on educational delivery	Essential
Shared items on educational delivery system.	Work/employment, housework, lack of motivation, inequality in access, belief system, addictions and strike action. All impact negatively on education except strike action which has no effect on Vocational education.	Essential

Table 6-35 Continued

Subject	Quantitative research	Qualitative research
Summary of investigation		
Assessment of IG Mechanisms in Nigeria: case study of Nanka	Poverty and Employment status, Healthcare and educational delivery performance, access to healthcare and educational services.	Capacities, resources, operational approach, dilemmas/challenges

Table 6-35 above clearly outlines the areas of complementarity and divergence across the qualitative findings and quantitative results strands of this research. It is important to note that all the complementary findings as well as the visible divergences are necessary in strengthening the robustness, rigour, breadth and dept of the study.

6.4 Summary

This section focusses on the analysis of the quantitative and qualitative data from questionnaire and transcripts which highlighted a good understanding of the constructs – IG practices through access to health and educational delivery systems. The analysis reveals the inefficacy of access to health and educational deliveries leading to non-IG, translated in the high rate of poverty and unemployment in Nanka community. In the light of this, it was established following the antecedents of IG in the community, that increase in access to health and educational deliveries are the keys factors to inclusive growth.

Next chapter presents and expounds discussions of the findings of qualitative and results of the quantitative strands of the study. Following the discussions, the study then curls up its findings to the works of previous IG researchers, correlates them with the present and position them for the future. Then, conclusions will be drawn, leading to contributions to knowledge, which will suggest implications of result, where study recommendations and limitations will be presented.

CHAPTER 7
DISCUSSION OF RESULTS

7.1 Introduction

This chapter presents a general discussion of the results obtained from the investigations of the study and demonstrates how the research aim and its objective tasks (1 to 7) were accomplished. The reason for this section of the study is to assess its results in line with extant research and theories upon which the claims of this research stand. This chapter provides a mechanism of not only assessing how IG practices through access to healthcare and educational services in Nigeria is either consistent with or detracts from existing literature, but in addition allows a discussion on why and how the Nigeria situation is different.

It is important to note, that generally the finding of this research is consistent with the results of the emerging literature and theoretical models of growth; Solow (1957), Romer (1986, 1990), Mankiw, Romer and Weil (1992), Barro and Sala-i-Martin (1995), Ali and Son (2007a), McKinley(2010), Addison and Nino-Zarazua (2012), Ianchovichina and Gable (2012), Anand, Mishra and Peiris (2013), Anyanwu (2013a), Vellala, Madala and Chattopadhyay (2014), OECD (2015), Tella and Alimi (2016), Raheem, Isah and Adedeji (2018), which argue that access to health and education is a mechanism for measuring IG practices in terms of poverty and unemployment reduction. The results show that various healthcare and educational systems will impact differently on IG – poverty and unemployment reduction - decision to commit resources to each category of healthcare and educational delivery. Hence, IG practices may perform better in one delivery than the other.

7.2 Discussion of Results vis- a -vis Research Objectives

This section is discussed following the specific objectives that were identified in section 1.2 to achieve the aim developed to provide answers to the research questions as highlighted in section 1.3.

7.2.1 Extent of (IG) Practices through Access to Healthcare and Educational Delivery.

To achieve this objective, we set out to examine the effect of access to healthcare and educational deliver on IG-poverty and unemployment reduction, and its impact on labour force in the Nanka community. The review provided an overview of IG performance in terms of the nature of poverty and unemployment situations, and the extent healthcare and educational levels have helped in the reduction of poverty and unemployment situations within the workforce in the community. The findings reveal that the rate of poverty and unemployment is huge and increasingly rising in this

community. The results further show that literacy level and quality of health condition needed as prerequisites for productive employment capable of reducing poverty have no strong support to IG. Thus, only few of the workforce managed to find themselves above the extreme poverty line of US$1.00 or US$1.25 per day (World Bank, 2014) (ref. 6.2.5ff). This finding is against the studies done by James G Anderson et al. (1993), Islam (1995), Ali and Son (2007a), Anderson and Baumberg (2006), Uneze (2013), Anand, Mishra and Peiris (2013), Rumball-Smith et al. (2014), Mukherjee, Sikdar and Chakraborty (2014), Nowak and Dahal (2016) and Kopp (2015).

The poor performance of healthcare and educational delivery system for quality education and good health to impact IG is consistent with political and social instability of Nigeria (Frynas, 2000). Various scholars maintain that Nigeria is a failed state where the primary duties of government such as provision of basic socio-economic amenities of life in form of; education for all, health for all and other social welfare schemes are reneged (Kankwenda and Gregoire, 2001; Ite, 2005; Adejuwon and Tijani, 2012; World Bank, 2014; Vellala, Madala and Chattopadhyay, 2013, 2014). Similar research observe that Nigerian government lack the ability to maximize social welfare due to corrupt and bad leadership in the system. This results to deficiency in national macro-economic management and efficient allocation of resources, which impacts negatively on the overall performance of IG through access to healthcare and education (Ite, 2005; Anyanwu, 2013b). As we know in literature, if economic growth that is expected to ensure basic socioeconomic amenities is not sufficient due to government failure, then, there is every possibility that healthcare and educational delivery will not have the capability to support productive employment for poverty reduction (Ali and Son, 2007b; Vellala, Madala and Chattopadhyay, 2014; OECD, 2015; Kolawole, 2016).

As against this backdrop, in Nanka community ample evidence abounds to suggest that privately owned healthcare and educational deliveries have lived up to their responsibilities in the provision of public goods like quality education and somehow good health to the community more than the government owned healthcare and educational deliveries. Consequently, the deteriorating nature of the government amenities ranging from health and educational sectors strongly support the findings of this studies that IGs have not performed well, poverty and unemployment perdure.

Another reason why healthcare and educational deliveries didn't appear to support IG is that the quality of privately-owned healthcare and educational services are established for profit maximization in order to generate returns to the owners and as such may be expensive. Obviously in this case only the privileged ones will have the opportunity to seek the services of quality healthcare and good education in the community while the less privileged will either seek for such amenities outside the community or resorting to the government dilapidated ones as a matter no choice. Hence, the provision of public goods will impact negatively on the community and may constitute to non-IG – poverty and unemployment on the long-run.

However, the weak support of healthcare and educational systems to IG may again be likely accounted for by the fact that most often vocational type of education becomes the catchment ground for those who could not attend quality education or the dropouts

who will eventually end up in the vocational education. Often, people believe that this type of education is unlikely to afford productive employment capable of poverty reduction. Along this same view, Alternative Healthcare providers on the other hand become another catchment ground on the side of healthcare which may not offer a quality healthcare services but is always available for them and less expensive. A possible explanation for this finding could be the reason why most of the employments in the community are private sector employments which often are equal to underemployment or unemployment. This confirms with the studies which observe that the tendency of underemployment situation is that when the trend is increasingly rising, it can easily slip into unemployment situation resulting to poverty (OECD, 2012; Akeju and Olanipekun, 2014; Kale and Doguwa, 2015; ILO, 2016; Abula and Ben, 2016).

This explains why the trend of poverty and unemployment in Naka community seems to be huge, almost dynastic and continuously recycling amongst generations. This accounts for the reason for the wide gap amongst different income groups: the rich, near rich, middle class, near poor or poor. The situation is further worsened in the urban cities when there are upsurge of rural-urban migration in search of white-collar job capable of poverty reduction and are unable to find a job (Central Bank of Nigeria, 2011; IMF, 2014, 2018). The result is that though rural-urban migration may temporally reduce rural poverty and unemployment but will increase the urban rate of poverty and unemployment. In order to survive in the midst of poverty and unemployment, the situation may end up leading the workforce to some criminal activities which by extension will bounce back to the rural communities of their origin. (Oyeranti and Olayiwola, 2005; Ogujiuba and Alehile, 2011; Kanayo, 2014; Kolawole, Omobitan and Yaqub, 2015). Hence, it can be suggested that reducing poverty and unemployment from the rural community levels may lead to poverty and unemployment reduction in the cities resulting to IG. Therefore, good healthcare and quality education appear to be mechanisms for IG implementation. Thus, this indicates policies implications that may generate sustainable IG.

7.2.2 Ascertaining Healthcare and Educational Capacities in Achieving IG.

As discussed above, healthcare and educational deliveries show weak effect on IG – poverty and unemployment reduction. Since healthcare and education are the default variables, their effect on IG is inferred relative to increasing access to them either by government or private sectors. This study set out to ascertain the capacities of the available healthcare and education deliveries in terms of infrastructures for possible impact on IG. The findings of this study indicate that the capacities of healthcare and educational deliveries do not show strong support to IG. The insignificant effects noticed seem to be more with government owned sectors than privately-owned sectors. This suggests that the performance of healthcare and educational deliveries is closely related to each other in terms of capacity to support IG implementations. The study further deduced that weak support of the deliveries doesn't stray from the fact of lack of capacities in terms of infrastructure but may be as a result of the consequences or conditions associated with the existing infrastructure. For instance:

7.2.2.1 Healthcare sector

Consistent with the findings it would appear there are infrastructures but not in good order and lack maintenance. The findings are not congruent with numerous studies such as: James G Anderson, Carolyn E Aydin, and Stephen J Jay (1993), Barro (2013, 2001), Ali and Son (2007b), Ianchovichina and Lundstrom (2009b; a), Adawo (2011), Ravi Balakrishnan, Chad Steinberg, and Murtaza Syed (2013), Vellala, Madala and Chattopadhyay (2014, 2013), and James who assert that increase access to health and education through infrastructure, social safety nets, social protection clearly indicated importance in tackling poverty and unemployment.

Echoing about how desperate things are in the health sector, "and I would tell you without any doubt that the Nanka community has if I say no health care delivery system you may think that I am exaggerating but that is the truth", *facilities such as infrastructure, mobilities, sanitations, security, electricity, roads and good environments; some of them are there but I will say that they are equal to nothing, not good at all (ref. 6.3.6ff).* The indices show that private hospitals come and go in the community without staying long. One of the possible reasons may be explained by the fact of poverty in the community, as such there is always decrease in the demand for their services. Hence, as private sector investment whose aim is for profit maximization could no longer return on investment will not stay long. What is more disturbing is the secondary hospital that is in partnership with Nanka community, together with the PHC under the following capacities thrive without much yield, as such community refrain from seeking their poor and expensive services. Then, persistent and growing access to AHC providers which can thrive under any capacity and less expensive become a significant concern for Nanka community in terms of healthcare services (ref. 6.3.6.1.4ff). It is widely believed that AHC providers are on track to meeting people's demand for good health. The implication of these findings is that in Nanka community healthcare sector needs some levels of improvement in terms of infrastructure for quality healthcare services for IG.

7.2.2.2 Education sector

The weak impact found on the side of education in terms of capacities with reference to infrastructures capable of promoting IG is in line with the finding of the studies like; (Anyanwu, 1997, 2005; Anyanwu and Erhijakpor, 2010; Anyanwu, 2012, 2013b; a; Obi and Obi, 2014; Agu et al., 2015; Mesagan and Dauda, 2016; Kolawole, 2016). The WHO, observes that a fundamental constraint to the employability of Nigerian graduates and hence poverty reduction for this group, is directly related to poor HCD, in particular poor infrastructure resulting in an inability to transform output growth into job creation. Thus, suggesting acceleration of access to educational services through infrastructures. The reason for this finding may be as a result of the fact that the existing infrastructure in the education sector in one way or the other do not promote enrolment rate to boast the literacy level required for productive employment to reduce poverty rate

Emphasising on the situation of a dilapidating nature of the existing infrastructure which lack maintenance, particularly government owned educational sectors ranging

from primary and secondary levels ….*though there are existing educational delivery facilities in the community like: infrastructures, facilities and environments or locations where the people go for Primary and Secondary educational levels but they are not adequate, similarly, other levels like Tertiary and Vocational levels have not got any such educational facilities at all in the community .. people struggle and seek for help to fill up such gaps from outside the community (ref. 6.3.6.2ff).* It appears that the noticeable support of educational capacity to IG comes from privately-owned primary and secondary educational levels.

Private sector educational infrastructure seems good, always maintained but expensive to access and has no strong support to IG in the community because it can only be accessed by the rich. Vocational education level also indicated a weak support to IG because the formal accredited vocational education is not in existence but only the informal ones are always there either with or without infrastructure and easy to access but do not offer strong support to IG because of their nature. While tertiary education level is not in existence which may be as result of lack of lands coming from the devastating effects of land slid/erosion and finances involved and as such does not support IG in Nanka community (ref. 6.3.6.2.4ff). These findings suggest that Nanka community has a long way to catch up with provision of educational infrastructure for all income groups required to promote both enrolment rate and literacy level for IG.

7.2.3 Review of Healthcare and Educational Resources in Achieving IG.

In line with the above, this study set out to review the resources – human and equipment in place within the healthcare and education sectors to impact good healthcare and quality education for IG in Nanka community. A scenario analysis suggests that both sectors have considerable resources - human and technology. But deriving from this interview result, this study infers that despite those resources available in healthcare and education yet a weak support to IG is found. This result is supported by; Tilak (2007a; b), Hull (2009), Anand, Tulin and Kumar (2014), Anand, Mishra and Peiris (2013, Tandi (2013), Benos and Zotou (2014), Böhm, Grossmann and Steger (2015), Mariana (2015), and Raheem, Isah and Adedeji (2018), who maintained that in achieving IG the quality of human resources as well as an accumulated knowledge of labour acquired through quality education, healthcare and skills development play a decisive role. This view equally corroborates the earlier works of: Lucas (1988), Romer (1986, 1990), Mankiw, Romer and Weil (1992), Aghion and Howitt (2007, 2008), Van Ark, O'Mahoney and Timmer (2008), Inklaar, Timmer and Van Ark (2008), Erumban (2008), and Aghion, Howitt and Murtin (2010) who points out that social development and enhancement of human capital play a key role in production function.

Against this backdrop, Rebelo (1991), Islam (1995), and Zivengwa et al (2013) observe that propelling IG can be seen as a linear function of competence in technological progress introduced into the system. Therefore, a possible explanation to the weak support of resources - human and equipment available in the healthcare and education sectors for IG in Nanka community may be associated with unqualified,

substandard and unsustainable resources available within the sectors. My findings are in consonance with the existing research in Nigeria which argue that IG in an economy to a large extent depend on the degree and quality of access to socioeconomic opportunities , most importantly healthcare and education services (Olaniyan and Bankole, 2005; Adamu, 2003; Adawo, 2011; Olufunke and Oluremi, 2014; Jaiyeoba, 2015; Adedeji, Du and Opoku-Afari, 2013). This further confirms the view that for IG which focuses on poverty and unemployment reduction as in the case of Nigeria increasing access to healthcare and education through human and capital resources is important (Dollar and Kraay, 2002; Kraay, 2004; Berg and Ostry, 2017). For instance, in the findings of this study.

7.2.3.1 Healthcare

In the review of the resources -human and equipment in all the levels of healthcare services – Private, government, RHC and AHC, the studies observed that it is likely that there are no senior medical personnel within the private, government and RHC levels of healthcare services (ref: 6.3.7.1ff). The interviews conducted reveal the following: first, that there is no more than one medical practitioner in almost all the Private hospitals and at times without any qualified nurses but only one or two auxiliary nurses. The reason for their low staff strength may be linked with reduction in the cost of running the hospital which goes hand-in-hand with return on investment for profit maximization. Secondly, the existing secondary hospital has only about two general practitioners and about two qualified nurses, whereas the rest of the staff are trained ones often employed by the community for economic purpose. Thirdly, RHCs usually have about one qualified Midwife and a trained person for assistance in managing the centre for all the shifts. A possible implication is that the Midwife in charge often looks at RHCs as their personal or family investments instead of the community's own.

Deriving further from the interview result, a couple of evidence show that the community seek for healthcare services more in AHC than others. A possible reason may be as a result of the fact that old qualified and retired doctors, Nurses, Pharmaceutical stores and experienced traditional doctors fall into this group and less expensive, as such people prefer them to other healthcare services. It is important to note that there is an increasing evidence that with the exception of the Private and AHC, healthcare services have a reasonable medical equipment but most often many of them are not in use. The reason may likely be that either equipment is obsolete or that there is no qualified medical staff capable of using them. Consequently, they lie wasting and rusting in the hospitals. Concerning the private and AHC healthcare services, the findings reveal that they have little or no medical equipment for services but function by trial and error (ref. 6.3.7.1ff). One can imagine what the situation would be in both relative and absolute terms about life expectancy and mortality when only AHCs with reference to resources are majorly impacting IG.

7.2.3.2 Education

During the review of the resources -human and equipment in all the levels of educational – Primary, Secondary, Tertiary and Vocational, the findings show that

educational delivery is significant but demonstrated weak effect on IG in Nanka community as expected (ref: 6.3.7.2ff). The reason may be attributed to the fact that educational sector at different level experience many constraints, either they don't have enough qualified teachers with teaching and learning equipment, or they have teachers but not qualified. This explains the reason as deriving from the interview why PTA does employ more teachers in both private and public primary and secondary levels of education which drastically affects enrolment and school completion rate, leading to low literacy rate in the community. This finding is in line with a report by World Bank (2014) indicating that school staffing characteristics, particularly teachers can affect school completion rate. Other studies on this issue note that teachers characteristics, teaching and learning facilities correlate with attendance rate and learning outcomes leading to the rate of poverty and employment (Fabre and Augeraud-Veron, 2004; Ali and Son, 2007b; a; McKinley, 2009, 2010; Ravi Balakrishnan, Chad Steinberg, and Murtaza Syed, 2013; Anand, Tulin and Kumar, 2014; Agu et al., 2015; Oluseye and Gabriel, 2017).

The interviews conducted reveal the following: first, that educational delivery is seemingly the same in both private and public primary and secondary levels of education about teachers and teaching or learning facilities. For instance, one teacher will be teaching more than 50 students in a class and at the same time teaching the whole classes in the school without enough textbooks and using black boards and chalks. Secondly, that more than half of the teachers are unqualified ones majorly employed by the PTA for the sake of their children, schools will only employ a few qualified teachers to cover themselves at the incidence of Government inspections of schools. This fact may be connected to the reason why informal or non-accredited Vocational education is a catchment ground for students who can't make it under this situation, often leading to poverty, unemployment and by extension child labour, child abuse, early marriage and other activities. Thirdly, non-existent in Nanka community are formal or accredited Vocational and Tertiary levels of education which are sourced outside the community, while non-accredited Vocational education does exist but in low scales incapable of sustainable IG.

7.2.4 Evaluation of Operational Approaches in Achieving IG.

The study in this section evaluates the strategic operational approaches with which the healthcare and educational deliveries perform their duties within Nanka community. These include: handling method, promotions and incentives that help to encourage the community to seek for healthcare and educational services in Nanka community. The interviews reveal that there are no similarities between healthcare and educational systems in terms of their operational approaches. As against this backdrop, the impression is that generally the operational approach in healthcare and educational sector remarkably seems to be a long age tradition that any existing or incoming sector must inherit and function on that mould.

This finding further confirms that the approaches have stayed for many decades, no longer sustainable and need some enhancement to impact IG. The reason for this

backwardness or lack of innovations may be attributed to the tradition put on ground in the sectors by the early Western Missionaries who first evangelised Nanka community. This result corroborates the results of similar studies done across regions in the Philippines, Nepal, Punjab, Pakistan, Indonesia and India which reveal a degree of correlation between promotional exercise, incentives and attendance to education and healthcare services (Sabir, Hussain and Saboor, 2006; Ali and Son, 2007b; Anand, Mishra and Peiris, 2013; Nowak and Dahal, 2016; OECD, 2015). For instance:

7.2.4.1 Healthcare

The results on the operational approaches found within the healthcare sector suggest that health facilities, e.g., Private hospitals, secondary hospital, RHC and AHCs provide healthcare services in Nanka community (ref. 6.3.8.1ff). Moreover, overall health services in the Nanka appear to be inequitable, basically because they are not largely utilized by a good number of people in the community. This finding may likely be as a result of differences in their handling methods, promotion and incentive exercises to encourage people with health issues seek their services. In terms of handling methods, it shows that except for RHC, other health services follow the same procedure of dealing with any type of health issues from any patients, while RHC gives the impression that only children and woman with health issues seek for their help. Consistent with this impression, RHCs are generally believed to be meant only for pregnant women and their babies in Nanka. It is important to note that the three health facilities mentioned above do refer cases to better hospitals outside the community in the incidence of complications found in patients.

Regarding promotions and incentives, there is no clear evidence to believe that they happen in both private and secondary hospitals, while RHCs indicated that promotions do take place in them only when the need arises, such as during immunizations. AHCs indeed differ vastly by confirming that strong and huge promotions like advertisements, street and market announcements, and incentives such as free treatments from AHCs are widely utilized across the community. It didn't indicate that AHCs do refer complicated cases to better hospitals but instead treats every case whether they can do it or not. In sum, it can be argued that operational approaches in the health facilities are unlikely to offer good health condition for IG. This lack of good approaches is perceived to be one of the reasons why facilities are rundown (Ali and Son, 2007b). It is essential to note a large differential in the approaches found in AHCs comparable to other health facilities which could have strongly supported IG, but unfortunately the quality of healthcare services in AHCs remains severally wanting compared with other health facilities.

7.2.4.2 Education

The findings of this study on operational approaches vary according to different levels of education and the types – public or private school (ref. 6.3.8.2ff). In terms of handling method, the findings reveal that the system in both public and private primary and secondary levels of education look almost the same in their approach. Primary level runs from 1-6 classes which will last for six year, each class has trimesters and will last for one year. In their approach pupils must sit in the class and as well pass the

trimesters exams set by a teacher/s who taught them before promoted to the next class until class six. At the end of primary six, the pupils are expected to pass entrance exams before going into the secondary level of education, which like primary level of education will last for another six years. The end of six years will be a gateway following the student's success in all the exams in the secondary level of education and Joint Admission and Matriculation Board exam (JAMB) which serves as entrance exam into the Tertiary level of education.

The interview further reveals that the approach is based on "teach, read, write and pass your exams, there are no innovations". No wonder there are a lot of dropouts from different levels of education, particularly those who have no ability to pass exams, and the trend seems to be more in the public than private schools. As regards promotions and incentives, in the public primary and secondary levels of education, there are little or no promotion and incentive exercises going on, absenteeism is rampant both for teachers and students and there are no checks. This explains why on a community market day you see teachers and students who are supposed to be in the school engaging themselves in other businesses. The situation is not the same in the private schools which often do promotions by advertising for enrolments, giving incentives like scholarships and awards to students and teachers. Also, teachers and students are monitored in the class in their teaching methods and scheme of work. This explains the reason why private schools thrive more than public schools in Nanka community.

Regarding Tertiary level of education, the findings reveal that it is only at Tertiary level of education that evidence of promotion and incentive exercises in form of scholarships are remarkably noticed in the community, but it is strictly on merits. This accounts for the reason why there is always a long queue for scholarship in Nanka community, where only the lucky ones will get it while the unfortunate ones will have to wait for a long time, and most often get frustrated out of the system. Then for Vocational educations, because they have no particular operational approach have become a 'refugium pecatorum' for all the dropouts in the community. Thus, it can be inferred that Vocational education in terms of approach would have offered a strong support to IG in the community, but unfortunately the scale at which it is practiced may not be capable of impacting IG. Ideally it can be argued that the findings on approach do not give impression of strong support to IG implementations in the community.

7.2.5 Identifying the Key Challenges in Achieving IG in Nanka.

In order to maximize the deliveries of healthcare and educational services in Nanka for a possible impact on IG, this study identifies some key challenges that could contribute drawbacks of the deliveries. Consistent with; Anyanwu (2005), Igbuzor (2006b; a), Anyanwu (2005, 2013b; a), Anand, Mishra and Peiris (2013), Vellala, Madala and Chattopadhyay (2014), and Samans et al. (2015) who identify those key challenges as institutional and governance issues that are fundamental to achieving the key determinants of IG, the interviews reveal… *many challenges contribute setbacks to the smooth functioning and proper delivery in the healthcare and educational sector*

in Nanka community. Hence, the implications amongst others are to be associated with poverty and unemployment situations which are increasingly rising in Nanka. For instance:

7.2.5.1 Health

Given the weak support of health services to IG across Nanka community, the study identifies several possible indicators which can lead to the underutilization of healthcare delivery compared with communities in other regions (ref. 6.3.9.1ff). Deriving from the interviews, prominent amongst key challenges in relating to health services are as follows: Poverty and unemployment situations, lack of healthcare insurance and promotions, lack of qualified medical personnel, lack of infrastructure/facilities and maintenance, alternative healthcare providers, lack of support from both government and community, lack of access to loan scheme, additions among workforce, belief system and lack of monitoring or security checks (ref. 6.5.8.1ff).

7.2.5.2 Education

Accordingly, the findings of the interview generally give a perceived idea that educational services do not strongly support IG, particularly public schools. This study identifies some of the perceived possible key challenges in accessing educational delivery to be attributed to the following: Poverty and unemployment situations, lack of infrastructure/facilities and maintenance, lack of qualified staff strength, lack of educational promotions, lack of external support, effect of magic centres and social media, influence of quick money syndrome, impact of government and mission partnership, lack of land, lack of access to loan scheme, additions among workforce, belief system and lack of security checks (ref. 6.3.9.2ff).

7.2.6 What to Improve to Increase Access to Healthcare and Educational Systems for IG.

In this section, the study investigates on the barriers that undermine healthcare and educational services for proper delivery for IG, the emerging consensus from the empirical data suggests a growing evidence of many factors combined and impacting negatively on health and education delivery in Nanka community. The ample indications that can possibly explain this finding is that over the past decades despite all efforts, the existing growth model in Nanka has largely shown non-inclusiveness, less sustainable and did not address welfare issues (Asian Development Bank, 1999; Asian Development, 2014; Ali and Son, 2007b; a; AfDB, 2013; Anand, Mishra and Peiris, 2013). To reinforce this view, this study has unpacked those barriers by carefully sorting them into "Exogenous, Endogenous and Shared items", and clearly arranged them as coming either from the inside or outside of the sectors or even both for possible interventions (ref. 6.2.9.6ff). For instance:

7.2.6.1 Health

The consolidated results of the analysis for exogenous items on healthcare show that out of the three item – "Enough hospitals, Transport means, Staff capability"- that are

the sole responsibility of either the government or community to provide, all indicated improvement except transport means. Concerning transport, I argue that the reason could be because of the high rate of motorbikes or tricycles running in the community as means of transportation for earning livelihoods which most often is expensive. Otherwise, either there is no provision of official transport means like ambulance for the healthcare services or that the ones provided are always out of service. So, improvement is likely needed on transport means in healthcare sector in Nanka.

Regarding endogenous items – "promotions, quality of services, fees, equipment, interest"- which are the sole responsibility of health sector to provide, only fees and interest appear not to impact on healthcare and need improvement. I remarkably agree with the findings since lack of interest collaborate with a number of factors that discourage the community to seek for healthcare services, including high fees. Other items that demonstrated positive impact to healthcare may likely be associated with AHCs that thrive in the community which may not impact IG.

Concerning the shared items – "Hunger/malnutrition, Knowledge of first aids, inequality in access, belief system, addictions", it is the joint responsibility of within and outside healthcare delivery to provide them. The finding shows that with the except of hunger/malnutrition and inequality, others need improvement to impact health. I strongly agree to the result since there are no shared responsibilities like promotions where people can be educated on health issues to enable them to change their belief and attitude towards life for better living.

7.2.6.2 Education

The analysis of the exogenous items on educational services – "Enough schools, Transportation means, staff strength, illness/disability" shows that generally all the items do not support educational delivery and need improvements, but partly only – "enough school and transportation means"- do support primary and secondary education levels. I strongly argue that the recent influx of private schools at primary and secondary level may possibly explain the issue of enough schools in Nanka, while the issue of transportation means is premised on the services of motorcycle and tricycle randomly running in the community. Other levels of education are not supported by these items either because those levels of education do not exist or exist in a low scale in Nanka.

Conversely on endogenous items – "Fees, schoolwork, lack of interest, teaching by age-group", the findings of this study confirm that all items impact negatively on educational delivery and need enhancement in Nanka. The observed negative effect is usually the case when lack of interest becomes the obvious issue, as it largely connotes several factors that discourage students to study, including high fees, lack of teaching and learning material, inadequate curriculum and unqualified teachers. This situation is further exacerbated by the fact that the problems are coming only from the inside of the delivery. and there is no monitoring of their operational approaches. The matter becomes worsen in the case of Tertiary and Vocational educations being sourced outside the community which at times may be more difficult.

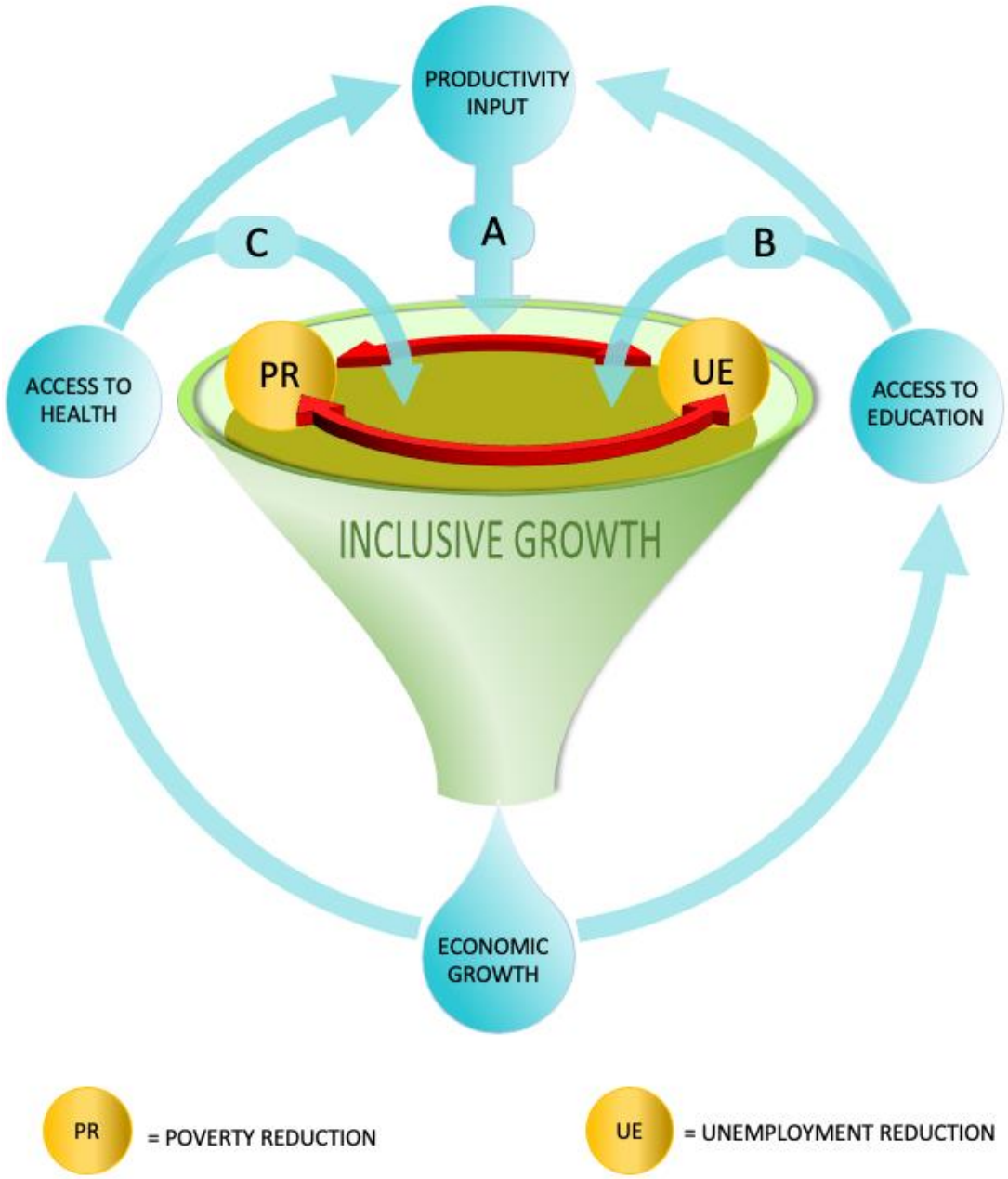
Similarly, the results obtained from the shared items- "Work/employment, housework, lack of motivation, inequality in access, belief system, addictions and strike action", confirm that all the shared items impact negatively on education except strike action which has no effect on Vocational education. This result can be explained by the belief system that is associated with the mindset of non-IG shown in the community. The implication of this belief system is that poor people are less likely to access good school than rich people. The reason is that good schools may not be affordable to the poor who will need to work, earn money and be able to study often in less expensive and low-quality schools like public and vocational schools. Furthermore, this type of situation may not ensure motivation to study and most often end up in frustration and addictions. So, a combined effort of both the delivery and Government/community is needed for the enhancement of these shared items.

7.2.7 Proposing a Model for Enhancement of IG through Access to Health and Education.

An investigation on IG- poverty and unemployment reduction via health and education has been an object of discussion for decades, both in macroeconomic, microeconomic and socioeconomic literature; Ali and Son (2007b), Ali and Zhuang (2007), Tilak (2007a; b), Bouaissa (2009), Odit, Dookhan and Fauzel (2010), Anyanwu (2013b; a), Anand, Tulin and Kumar (2014), and Vellala, Madala and Chattopadhyay (2014), and extensively tested with many approaches including neoclassical growth models of (Solow, 1957) and endogenous growth models of Lucas (1988) and Romer (1990) which have postulated variant results. The reason for the inconsistency may be as a result of endogeneity factors and robust methodological approaches not taken care of in the literature (Ali and Son, 2007b).

This research in filling the gap in Ali and Son (2007a) through its comprehensive findings in the context of Nanka community therefore propose that IG implementation requires policies targeting poverty and unemployment reduction collectively as they are inter-related. And consistent with Elena and Sushana (2010), quality education and good health mechanisms play a strategic role in actualising IG. In line with this view, following the design of Ianchovichina and Lundstrom (2009a), as a departure from the conceptual framework in figures 4-1 and 4-2, this study constructs a new analytical framework model called Social Adaptability Function (SAF) as depicted in figure 7-1 that explores the theoretical base of IG to guide this new conceptualisation of IG implementation.

Figure 7-1 Social Adaptability Function (SAF)



Source: Author's own work (2019).

The framework in figure.7-1 visualises the interrelationship between poverty and unemployment reduction as components of IG and how they are impacted through the mechanisms of increasing access to education and health either as an individual or collective component of HCD.

The framework envisages three entry points targeting IG: "(B)-education", when no resource stimulus is applied to increase access to health. "(C)-health", when no resource stimulus is applied to increase access to education. Or "(A)- health and education" when resource is applied to both to increase access.

The independence of these three-entry points A, B or C mean that different IG strategies can be deployed at different times and via different transmission channels, A, B or C. Thus, enabling deployment of IG strategies where needed and when needed. As these transmission channels are part of a feed-back loop via economic growth, positive or negative changes (or diversion) of economic growth will either attenuate or amplify any virtuous cycle leading to potential spirals of inclusive or non-inclusive growth. It is this flexibility and complexity that the framework should be considered as the Social Adaptability Function (SAF)

This SAF contains numerous feedback loops that enable shaping of different policies in addressing varying factors that lead to non-IG, it can identify and promote positive changes that ensure IG in an economy. The SAF can equally guide policy choices and dynamics necessary to address the root causes of the problem.

7.3 Summary

This chapter has presented some general discussions following the outcome of both quantitative and qualitative investigation on the seven objectives of the study, which highlighted how the obtained results either detract or are consistent with extant literature and theoretical framework of this study. The discussion equally underscores why the findings of this study are peculiar to Nanka community, Nigeria.

Furthermore, the discussion collaborates with the claim that increasing access to health and education may likely impact IG practices. This claim equally reinforces the view of earlier and recent scholars that increasing access to HCD is the key to IG implementations.

CHAPTER 8
SUMMARY OF MAJOR FINDINGS, POLICY RECOMMENDATIONS, GAPS FOR FUTURE RESEARCH AND CONCLUSIONS

8.1 Introduction

In this section, I present the summary of the major findings of this study and based on those results, highlight some policy recommendations that may suggest various useful tools for government and community stakeholders with reference to sustainable IG-poverty and unemployment reduction via health and education beginning from community level. These policy recommendations equally may be of good help for policy makers whose duty is to update and revise IG strategies in Nigerian economy. I equally enunciate study contributions, implications, limitations and possible gaps for future studies. Finally, the concluding remark is drawn.

8.2 Summary of Major Findings

As stated in Chapter 1, the purpose of this study is to assess the extent of IG practices using the variables of poverty and unemployment rate via access to healthcare and education in Nanka community; investigate the effects of the capacities, resources and operational approaches in healthcare and educational services in achieving IG; identify the key challenges to healthcare and educational services in achieving IG and investigate on what to improve upon to increase access to healthcare and educational service. The key findings of this study therefore provide answers to the basic research questions of this project, and the summary includes:

8.2.1 Impact of Healthcare and Education on IG

The study finds that out of the four levels of healthcare services: Private, Secondary, RHC and AHC responsible for the good health condition of the community, only AHCs indicated strong support to unemployment and poverty reduction. Similarly, it is observed that out of four levels of education: Primary, Secondary, Tertiary and Vocational, only the Vocational level of education reveals strong support to unemployment and poverty reduction (ref. 6.2.4ff). The findings do not confirm the research hypothesis and is not in line with the results of some studies that find health and education as significant to IG (Ali and Son, 2007a; Oladeji, 2014; Folawewo and Adedokun, 2017). The implication is that the exogenous, endogenous, SOF and SMF models are not supported by these findings. So, under the circumstance of low quality of education and healthcare, the Nanka workforce is trapped in persistent unemployment and poverty. It is also found that small inputs from the community are

insufficient and unlikely to impact significant change. The weak impacts of health and education on unemployment and poverty reduction has resulted in non-IG in the Nanka community, particularly amongst the workforce. These finding suggests that exogenous and endogenous growth models are not supported by the findings, since health and education exert no strong impact on IG, which demonstrates the need for improvement in both sectors.

8.2.2 Effects of Capacities, Resources and Operational Approaches in Health and Education on IG

The findings of the study indicate that the capacities of healthcare and educational deliveries do not show strong support to IG (ref. 6.3.6ff). The weak effects highlighted appear more apparent in government owned, than privately owned sectors. This suggests that the performance of healthcare and educational delivery systems is closely related to each other in terms of capacity support for IG implementations. The study further deduced that weak support of delivery may be due to the consequences or conditions associated with existing infrastructure and not a lack of capacity in terms of infrastructure. The implication of this is that the Nanka community healthcare and education sectors have significant gaps to close in the provision of infrastructural capacities in both sectors.

Current human and equipment resources that might impact IG in the Nanka community: A scenario analysis suggests that both sectors have considerable resources - human and technology (ref. 6.3.7ff). But information stemming from the interview results infer, that despite available resources, weak support to IG was found. The interviews revealed human resource constraints were largely due to low staff numbers and their productivity. The study further indicated that over half the staff were unqualified in both sectors. There is evidence that government deliveries have reasonable levels of equipment, more so than the private sectors, but are often not used.

There is evidence that operational approaches in terms of handling method, promotions and incentives that encourage the community to seek services, have insignificant impact on IG, particularly health sector (ref.6.3.8ff). The study finds that historical perceptions and attitudes towards education and health from the early Western Missionaries have endured and are no longer fit for purpose and need to be redesigned to impact IG.

It is also found that health and educational services appear to be inequitably accessed and so do not translate into IG as they are not used by a large number of the community. There are differences in approaches towards handling methods, promotions and incentives found between the private and public sectors particularly in education.

8.2.3 Challenges of Healthcare and Education for IG

In order to maximize the deliveries of healthcare and educational services in Nanka for a possible impact on IG, the study highlights key challenges (see 6.3.9ff) that might limit the smooth functioning and proper delivery in both sectors in Nanka community. These challenges may be the bane of poor health and educational outcomes which then have led to weak support for IG, thereby translating to a persistent increase in poverty and unemployment. It is also found that beyond the challenges of institutional and governance issues, which are fundamental to non-IG, other impediments exist. The study finds that similar challenges do exist which reduce the up-take of available services by the community these include: Poverty and unemployment, lack of healthcare insurance and promotions, lack of qualified medical personnel, lack of infrastructure/facilities and maintenance, alternative healthcare providers, lack of support from government and community, lack of access to loan scheme, additions among workforce, belief system and lack of monitoring or security checks, effect of magic centres and social media, influence of quick money syndrome, impact of government and mission partnership, lack of land, (ref. 6.3.9.2ff).

8.2.4 What to Improve Upon in Healthcare and Education for IG.

It is found that investigating the impact of health and education on IG and the determinants of poverty and unemployment reduction, there is a need for interventional programs as preconditions for best-practise and utilisation of health and education service for IG.

This study proposes that interventions might emanate from three directions: Outside the delivery- "Exogenous items" (Govt or Community responsibility): Or from inside the delivery- "Endogenous items" (Delivery Managements responsibility): Or from both outside and inside the deliveries- "Shared items" (Both Govt/Community and Delivery management responsibilities) (ref. 6.2.9.6ff).

For "exogenous items" in healthcare, there is ample evidence indicating the need to increase the number of hospital infrastructures, qualified staff including their training and dedicated transport such as ambulances. Likewise, for education, increases in the number of qualified staff and their training, increased and improved access for ill or disabled students and dedicated transport such as school buses.

For "endogenous items", the study finds medical fees and lack of interest need to be addressed in order to achieve a proper functioning health service that supports IG. Equally, school fees, schoolwork, lack of interest, teaching by age-group all need to be addressed in order to achieve a proper functioning education service that supports IG.

For "shared items", the study observes that for the health service knowledge of first aid, people's belief systems and common addictions needs to improve as lack of training in these areas appears not to support healthcare in achieving IG. Equally, for

education delivery the conflicts of work/employment/housework, lack of motivation, inequality of access, Whilst, in educational delivery, work/employment, housework, lack of motivation, inequality in access, belief systems, and common addictions need to be addressed to achieve and education service that supports IG.

8.3 Implications of Research Findings for IG.

This research has bridged the gap in (Ali and Son, 2007b) through its comprehensive findings in the context of Nigerian community, and therefore proposes that IG implementation requires policies targeting poverty and unemployment reduction collectively as they are inter-related. Consistent with (Elena and Sushana, 2010), it argues that quality education and good health mechanisms play strategic role in actualising sustainable IG. In line with this view, following the design of Ianchovichina and Lundstrom (2009a), as a departure from the conceptual framework in Fig. 4-1 and 4-2, this study constructs a new analytical framework called "Social Adaptability Function" exploring the theoretical base of IG to guide this new conceptualisation of IG implementations as visualised in figure 7-1.

The framework in figure.7-1 visualises the interrelationship between poverty and unemployment reduction as components of IG and how they are impacted through the mechanisms of increasing access to education and health either as an individual or collective component of HCD.

The framework envisages three entry points targeting IG: "(B)-education", when no resource stimulus is applied to increase access to health. "(C)-health", when no resource stimulus is applied to increase access to education. Or "(A)- health and education" when resource is applied to both to increase access.

The independence of these three-entry points A, B or C mean that different IG strategies can be deployed at different times and via different transmission channels, A, B or C. Thus, enabling deployment of IG strategies where needed and when needed. As these transmission channels are part of a feed-back loop via economic growth, positive or negative changes (or diversion) of economic growth will either attenuate or amplify any virtuous cycle leading to potential spirals of inclusive or non-inclusive growth. It is this flexibility and complexity that the framework should be considered as the Social Adaptability Function (SAF)

This SAF contains numerous feedback loops that enable shaping of different policies in addressing varying factors that lead to non-IG, it can identify and promote positive changes that ensure IG in an economy. The SAF can equally guide policy choices and dynamics necessary to address the root causes of the problem.

8.4 Contributions to Knowledge

8.4.1 Theoretical and Empirical Contributions Include:

8.4.1.1 Theoretical Contributions

(A) Both quantitative and qualitative analysis of this study have helped to achieve a validation of both Ali and Son, (2007) and Anand et al., (2013) IG measures. This research provides additional evidence for verifying Ali and Son, (2007) measures of IG. This validation and verification are based on adaptation of measures in line with the insights provided by professionals and academics across the field of IG, which affirm that the Ali and Son, (2007) measures and model constitute appropriate and sufficient theoretical framework for micro unit of IG such as pro-poor IG. But this study is unique by extending Ali and Son, (2007) who not only used a specific variable to assess IG implementation but also argue against the use of composite index as a matrix for IG, and further deconstructs IG into Poverty and unemployment reduction and campaign for proper assessment of a sustainable IG. This is consistent with emerging literature on a sustainable IG both in the developed and developing economies (Odit, Dookhan and Fauzel, 2010; Elena and Sushana, 2010; Asian Development Bank, 2013; Anyanwu, 2013b; OECD, 2015; Folawewo and Adedokun, 2017; Oluseye and Gabriel, 2017).

(B) A clear gap of an under-researched area-IG-has been located and positioned well in this study in consideration of it impacts in the context of society/community. As such, to the best of my knowledge, this study to date is the first and only known quantitatively and qualitatively research that has such a holistic approach to the study of IG. With this study, issues concerning definition, scope, model, measures, strategy, causes and consequences in IG implementation are detailed.

(C) Based on the emerging literature and building on Ali and Son, 2007 conceptualisation of IG, this study through a conceptual framework construct envisages three entry-points to IG implementation. This therefore highlights increasing access to health and education as components necessary for a sustainable IG in the communities. By so doing, the study has identified ‘how to implement IG policies’, ‘what to change’, ‘how to change’, ‘when to change’ ‘where to change’ and ‘who can enable the change’ that are lacking in the extant IG literature.

8.4.2 Empirical Contributions

8.4.2.1 Contributions to Literature

As we know in literature, the major works in IG are based on the influence of health and education on economic growth. This explains the reason why policymakers instead of formulating programs and policies to facilitate full participation of all sectors of economy to make their growths more inclusive, are busy programming for GDP growth without considering the well-being of the people. Thus, the paucity of data information which is a significant determinant in the area of IG become apparent. This

accounts for the obvious trade-off between growth and well-being of the people whose consequences are non-IG leading to poverty and unemployment. Hence the need for data information on IG become paramount.

However, attempts by a minority of literature such as; Verner (2004), Tilak (2007a), Ali and Son (2007b), Ali and Zhuang (2007), and Anyanwu (2013a) narrowly concentrate their IG studies only on the direct effect of access to health and education on poverty reduction alone, and limited to either qualitative or quantitative approach. Following this view, the obfuscation and mixed findings in IG implementation through health and education become evident. The reason may be associated with the use of uni-dimensionality of IG - poverty reduction and direct effect of health and education on IG, without considering the multi-dimensionality of IG- poverty and unemployment reduction re-enforcing with direct and indirect effects of health and education. Thus, this study enriches the established theory by empirically validating the existing model which we believe is significant only for a micro-IG in terms of pro-poor growth. This is a model used for targeting poverty reduction and may not be a good measure for sustainable IG.

This work unlike Verner (2004), Tilak (2007a), Ali and Son (2007b), Ali and Zhuang (2007), and Anyanwu (2013a) fills the gap in knowledge by examining the mechanism of direct and indirect effects of access to health educational services on IG in its multi-dimensionality -poverty and unemployment reduction in Nigeria. The reason is that literature inform that there may be no sustainable poverty reduction without employment. This research therefore extends the horizon of IG discourse, by introducing the more elaborate models investigating how, under what conditions, directions and strengths of the direct and indirect effects of access to health and educational services on IG practices and developments.

Again, because of the complexities involved in the context of Nigeria, this study explores a mixed method approach to get to the depth and width of non-IG in Nigerian communities. Which according to Ranieri and Ramos (2013b) so far has received little or no attention, whereas poverty reduction has been gaining prominence. Therefore, to the best of my knowledge, to date this is the only known study on IG implementation vis-a-vis access to health and education relationship. Consequently, the study has made methodological, theoretical and empirical contributions to advance knowledge and data information on the individual and combined influence of access to health and educational services on IG in terms of poverty and unemployment reduction.

8.4.2.2 Conceptual and Methodological Implications

The IG implementations in terms of poverty and unemployment reduction through the mechanism of access to health and educational services have long be seen as pivotal to the development of IG theory and practice (Ali and Son, 2007b; Ali and Zhuang, 2007; Anand, Mishra and Peiris, 2013; Vellala, Madala and Chattopadhyay, 2014). Albeit, a considerable effort has been committed to the advancement of knowledge on the influence of health and education on IG but development scholars have argued and continued to disagree on the efficacy of the uni vs multi-dimensionality of IG practices (Ali and Son, 2007b; Ali and Zhuang, 2007; Anand, Mishra and Peiris, 2013; Ramos, Ranieri and Lammens, 2013). On one perspective, the disagreement is based on the

implementation measures the IG is seen to predict. However, the literature has highlighted the difference in the direct and indirect effects of health and education with supporting and counter opinions on both the uni-dimensionality and multi-dimensionality of IG (Verner, 2004; Ali and Son, 2007b; Tilak, 2007a; Ali and Zhuang, 2007; Anyanwu, 2013b; Asian Development, 2014).

Notwithstanding the volume of studies in this area, to the best of knowledge, to date no known research has taken the holistic approach to both the uni-dimensionality and multi-dimensionality of IG implementation through health and education prior to the present study. To this end, this research fills the gap in literature by integrating diverse streams of study and conceptualizations of IG practices. By this integration, this study brings to bare the interplay of poverty and unemployment reduction and propose for sustainable IG through the mechanism of health and educational services. Thus, differing growth theories, frameworks and methodologies including; Solow (1957), Lucas (1988), Mankiw, Romer and Weil (1992), Ali and Son (2007b), and Anand, Mishra and Peiris (2013) are used to offer explanations and advance of IG implementations to Nigeria's communities and emerging economies.

8.5 Implications of the Study

8.5.1 Implications of IG Implementations

As in Ali and Son (2007b; a), IG depends on two factors: average opportunities available to the population, and how the opportunities are shared or distributed among the population. World Bank notes that the basis for these two factors is determined by both the pace and pattern of the growth of such opportunities. ADB and OECD suggest that the best pace is by creating and increasing those opportunities and pattern by ensuring equal access to the increased opportunities for all segments of society. UNDP linked the pace and pattern of IG as evolving both as an outcome and a process; as a process ensures that everyone can participate in the growth process itself, both in terms of decision-making as well as in terms of participating in growth itself, and as an outcome; ensuring that the benefits or opportunities from that growth process are shared or benefitted equitably. Thus, IG implies participation and benefit-sharing.

Kakwani and Pernia (2000), Kakwani et al. (2003), and Ranieri and Ramos (2013a) imply participation and benefit-sharing as participating in growth process and benefitting from growth outcomes respectively. Ranieri and Ramos (2013a) suggest that to measure the changes in IG, poverty reduction serves as proxy for benefit-sharing and employment as indicator of participation. It can be argued that in real life, growth is sustainable and inclusive when it is effectively reducing unemployment and poverty through effective participation and benefit-sharing both in the growth process and outcomes respectively.

Consistent with real life IG implementations, it is apparent that a test of impact of uni-dimensionality of IG performance in terms of poverty reduction alone, including the strategic application of direct effect of health and education is flawed and not inclusive of the poor and non-poor alike in Nanka community. The implication is, since modern societies are faced with a myriad of complex growth variable, it then suggests that for

growth to be inclusive in Nanka both the outcome and process of growth must be involved, translated in 'benefit-sharing' –"poverty reduction" and 'participation' – "employment".

8.5.2 Implications of Health and Educational Performance Relationships

The implications on health and education border on the fact that because the dividend outcome on growth can't be shared in form of money to the population, Ali and Zhuang (2007), McKinley (2009, 2010), and Asian Development Bank (2013) refer to the outcome as average opportunities like health and education available to the population whose impact is a function of their distributions among the population. They argue that steady increase and equity distribution of these opportunities through resource allocation will provide a level playing field for both the rich and poor among the population to benefit from growth outcomes. This will enable workforce to access and possess the human capabilities necessary for achieving IG and improve productive employment capable of reducing poverty in Nanka.

This implies that access to health and education is pre-requisite to achieving IG because, an uneducated and/or unhealthy population are more unlikely to be employed, and even when they are employed are more likely to be less productive or absent from work as it is currently the case with Nanka and Nigeria in general. It is important to note a further implication as indicated by conceptual framework in Fig. 7.1 which inform that IG in terms of poverty and unemployment reduction and, both health and education reinforce one another and therefore depend upon each other for effectiveness and sustainability.

8.6 Limitations of Study and Gaps for Future Research

Despite the efforts made to capture the true meaning of IG implementations and the study's effort to highlight some likely interesting and relevant insights to the understanding of IG in Nigeria, particularly communities, the research still acknowledges some limitations that may provide strong and meaningful directions for future studies. These limitations include:

8.6.1 Theoretical Limitations

1. Since this is a community-based study, hence, factors specific to the community environment were explored. Given that factors influencing Nigerian IG environment in general and possible lagged effects are not considered in the analysis. Thus, the future studies on IG can beam its satellite on this area as factors general to Nigeria may likely have an overwhelming influence on the health and educational mechanism for IG.
2. This study considered health and educational services in a broader sense which occur both within and outside the health and educational system, while the level of access to health and education services that will ensure IG in

Nigeria's communities and the time lag between "cause" and "effect" are not examined. This may form an interesting area for future studies on IG.

3. Other community dynamic capabilities which may influence the performance of health and educational services for sustainable IG implementations are not considered in this research. These include charity organisations/NGOs, private sector orientations and level of political involvements. Community capabilities may be a welcome addition to the IG mechanism body of knowledge.

8.6.2 Methodological Limitations

1. Out of the three hundred fifty (350) expected participants for this research, only one hundred and fifty-five (155) of them returned with sufficient data needed for this study. Due to the broad spread of the villages that make up the Nanka community involved in this study, generalizability of the results is likely to be attenuated. Similarly, increasing the sample size in future research, to allow for easier generalisation of results, is likely to improve IG studies in the Nanka community.
2. In addition to the use of access to health and education as proxies for benefit-sharing outcome of growth, future study would extend the inclusion of this research by examining the processes and dynamics through which other benefit-sharing outcome variables like access to micro-finance banks, access to good markets, safety and road networks will impact on IG implementations in Nigeria's communities and other emerging economies embarking on IG strategies.

8.7 Policy Recommendations and Implementations

The findings from this study, form the foundations to policy and subsequent implementation recommendations for improving IG in the Nanka community and by implication the rest of rural Nigeria.

Health and education are significant mechanisms for IG in Nanka, therefore it would be a requirement to conduct community-based studies that identify mismatches between existing 'health and education mechanisms' and the 'needs and access requirements' of the community. From the results a programme of interventions should be designed along with action plans, that provides the appropriate level of equipment and infrastructure along with the correct level of staff who are suitably qualified. In addition, the identification of obstacles that impede access of the community to these mechanisms (real or imaginary) must be identified and 'education programmes' designed and implemented that inculcate, inform, reassure and motivate individual's self-interest to utilise these mechanisms. Physical impediments such as distance, time or poor transport infrastructure should be overcome by the deployment of dedicated vehicles to deliver either patients or student to the point of consumption of the health or education service. To encourage 'ownership' and avoid abuses, local management boards for each service should include members of the local community in an 'over-

sight' capacity to ensure an ongoing match between community needs and the services offered. It might be considered that these boards have a statutory responsibility to meet minimum standards for each service.

The government should introduce policies that promote benefit-sharing variables such as access to loans, insurance, and a social safety net. Similarly, the introduction of benefit-sharing infrastructure projects for road maintenance and the building of a decent road network would ensure reliable physical access to health and education services.

Any policy government of NGO implements should align with the principles of the Social Adaptability Function (SAF) and be mindful to target and support each mechanism according to need and optimised output. In a rural community where, good natural food is plentiful and as a consequence

Figure 8-1 Example of IG via Education

demands and outcomes for healthcare are adequate, it would be better to bias and direct resource towards education which has a greater leverage to increase employability and hence a greater leveraged reduction in poverty.

Figure 8.1 is a successful example of reduced non-inclusiveness of growth where resources were directed towards vocational education of training drivers to operate taxi services, since local health services was deemed adequate. As a consequence, many individuals are now employed and lifted out of poverty and the local community has better transport links for access to health and education and trade. A virtuous circle has been created and primed as described in the Social Adaptability Function (SAF) figure 7-1. There is no reason that the SAF can equally be applied to other similar communities in Orumba or in rural Nigeria as a whole.

8.8 Conclusions

This study demonstrated that IG as a development policy may no longer insist only in benefit-sharing in terms of outcome of the growth giving more weight to the poor than the non-poor, but equally looks at the participation in growth process by ensuring that all the workforces contribute to and benefit from growth process through provision of a level playing field for all. This thesis highlighted the evolutionary trend in the extant literature showing the need for emerging economies to adopt good IG strategies, as failure to incorporate different income groups in an economy may have a long-term negative impact on the growth inclusiveness of an economy. In line with this view that IG implementation may detract from pro-poor growth, which is the traditional policy in growth, this study presented poverty and unemployment reduction and philosophical arguments why the two may be positively related to impact a sustainable IG.

This work equally outlined that the policy decisions to credibly commit to IG implementations may largely depend on the need at a time and confirmed that different IG policy decisions have varying implications for different multi-dimensionality of IG. Thus, I avoided the use of uni-dimensionality in measuring IG implementations, but rather deconstructed IG practices into multi-dimensionalities following two widely accepted IG policy decision. I estimated the effect of access to health and educational services on IG categories- poverty and unemployment reduction.

The findings reinforced the view that health and educational deliveries impact differently on IG implementations, as I observed that privately owned sectors of health and education impact more on IG practices than the government sectors. I equally found that privately owned sectors are more likely to allocate resources to their services for proper delivery of good health and quality education, while government owned sectors may have more infrastructure, but poor deliveries as indicated in this work.

Finally, I observed that the trend of non-IG- poverty and unemployment rates investigated in this research is high and increasingly rising among the workforces. Similarly, I equally found that the varying impacts of health and educational services assessed in this research do not demonstrate strong support to IG. This may be explained by the fact the Nanka community seem to have been forgotten in terms opportunities of growth outcomes and process, remaining in long-term deprivation of wellbeing, like quality education and good health, resulting to high level of poverty and unemployment rate.

It is important to note, that it is the sole responsibility of government to make provision of such basic amenities available to the people through adequate fiscal policies and regulatory constraints to ensure that all the sectors of economy benefit from such growth outcome. As against this backdrop, it is noticed that government often detracts from such obvious responsibility as it is currently with Nigeria. Hence, I argue that both community and private sectors, for instance: philanthropists, charity organisations, NGOs and Churches in the community should be orientated to credibly

commit to some of these desirable and core basic amenities like health and education for possible impact on IG.

REFERENCES

Abdennour, F. and Alwagdani, O., 2017. Education and Inclusive Growth in Saudi Arabia. *International Journal of Economics, Commerce and Management*, V(4), p.15.

Abdullah, A., 2003. *Intelligent selection of demolition techniques*. [thesis] Loughborough University. Available at: </articles/thesis/Intelligent_selection_of_demolition_techniques/9455222/1> [Accessed 25 Apr. 2021].

Abula, M. and Ben, D.M., 2016. *An econometric investigation into the impact of unemployment on economic growth in Nigeria (1981-2015)*. [online] undefined. Available at: </paper/AN-ECONOMETRICS-INVESTIGATION-INTO-THE-IMPACT-OF-ON-Abula-Ben/0580840122ed2daf5d5c51a903b189480fd44b44> [Accessed 21 Jun. 2020].

Acemoglu, D., Johnson, S. and Robinson, J.A., 2002. Reversal of fortune: Geography and institutions in the making of the modern world income distribution. *The Quarterly journal of economics*, 117(4), pp.1231–1294.

Acemoglu, D., Johnson, S. and Robinson, J.A., 2003. An African success story: Botswana. In: *In Search of Prosperity*. [online] Princeton, NJ, USA: Princeton University Press.p.80. Available at: <https://www.degruyter.com/document/doi/10.1515/9781400845897-006/html> [Accessed 25 Apr. 2021].

Adamu, P.A., 2003. The impact of human capital formation on economic development in Nigeria: An error correction approach. In: *Human Resource Development in Africa*. 2002 Annual Conference, Nigerian Economic Society. Ibadan, Nigeria: Nigerian Economic Society.pp.55–78.

Adawo, M.A., 2011. Has education (human capital) contributed to the economic growth of Nigeria? *Journal of Economics and International Finance*, 3(1), p.46.

Addison, T. and Nino-Zarazua, M., 2012. What is Inclusive growth? [online] Nordic-Baltic MDB meeting. Helsinki, Finland: United Nations University. Available at: <https://www.wider.unu.edu/sites/default/files/Events/PDF/UNU-WIDER%20Presentation%20What%20is%20Inclusive%20Growth.pdf> [Accessed 9 Sep. 2020].

Adedeji, M.O., Du, H. and Opoku-Afari, M.M., 2013. *Inclusive growth: An application of the social opportunity function to selected African countries*. Washington DC: International Monetary Fund.

Adejo, A.M., 2006. Poverty in the Land of Plenty. *NUBESS Journal of contemporary Issues*, 1(2), pp.3–15.

Adejuwon, K.D. and Tijani, A.A., 2012. Poverty reduction and the attainment of the millenium development goals in Nigeria: Problems and prospects. *International Journal of Research in Social Sciences*, 2(2), pp.53–74.

Adger, W.N., 2000. Social and ecological resilience: are they related? *Progress in human geography*, 24(3), pp.347–364.

AfDB, 2013. *UNDP, 2015. African Economic Outlook 2015: Regional Development and Spatial Inclusion*. [online] Paris: OECD. Available at: <http://dx. doi. org/10.1787/aeo-2015-en> [Accessed 13 Jun. 2020].

Afzal, M., Farooq, M.S., Ahmad, H.K., Begum, I. and Quddus, M.A., 2010. Relationship Between School Education and Economic Growth in Pakistan: Ardl Bounds Testing Approach to Cointegration. *Pakistan Economic and Social Review*, 48(1), pp.39–60. https://doi.org/10.2307/41762413.

Afzal, M., Malik, M.E., Begum, I., Sarwar, K. and Fatima, H., 2012. Relationship among Education, Poverty and Economic Growth in Pakistan: An Econometric Analysis. 22(1), pp.23–45.

Aghion, P. and Howitt, P., 2007. Capital, innovation, and growth accounting. *Oxford Review of Economic Policy*, 23(1), pp.79–93.

Aghion, P., Howitt, P. and Murtin, F., 2010. *The relationship between health and growth: when Lucas meets Nelson-Phelps*. Perugia, Italy: University of Perugia.p.24.

Aghion, P. and Howitt, P.W., 2008. *The economics of growth*. Cambridge, MA, USA: MIT press.

Agu, U.O., Evoh, C.J., International Labour Organization and ILO Country Office for Nigeria, G., Ghana, Liberia and Sierra Leone, 2015. *Binding constraints to inclusive and job-rich growth in Nigeria: a review of macro and sector policies and strategies*. Abuja, Nigeria: ILO.

Ahmed, S., 2009. *Human Capital and Regional Growth: A Spatial Econometric Analysis of Pakistan*. University of Trent.

Ajakaiye, O., Jerome, A.T., Nabena, D. and Alaba, O.A., 2015. *Understanding the relationship between growth and employment in Nigeria*. Cape Town, South Africa: University of Cape Town.

Aka, B.F. and Dumont, J.-C., 2008. Health, education and economic growth: Testing for long-run relationships and causal links in the United States. *Applied Econometrics and International Development*, 8(2), pp.101–110.

Akeju, K.F. and Olanipekun, D.B., 2014. Unemployment and economic growth in Nigeria. *Journal of Economics and Sustainable Development*, 5(4), pp.138–144.

Alan, C.B., Sin, L.Y.M., Yau, O.H.M., Lee, J.S.Y. and Chow, R., 2003. Market orientation and business performance in a Chinese business environment. *Journal of Business Research*, 56(3), pp.227–239.

Al-Attar, A. and Alomair, O., 2005. Evaluation of upstream petroleum agreements and exploration and production costs. *OPEC review*, 29(4), pp.243–266.

Ali, I., 2007a. Inequality and the Imperative for Inclusive Growth in Asia. *Asian Development Review*, 24(2), pp.1–16.

Ali, I., 2007b. Inequality and the Imperative for Inclusive Growth in Asia. Asian Development Review, Vol. 24 (2), pp. 1-16.

Ali, I., 2007c. *Pro-poor to Inclusive Growth: Asian Prescriptions*. [online] Manila, Philippines: Asian Development Bank. Available at: <https://www.adb.org/publications/pro-poor-inclusive-growth-asian-prescriptions> [Accessed 25 Apr. 2021].

Ali, I., 2007d. Pro-poor to inclusive growth: Asian prescriptions.

Ali, I. and Son, H.H., 2007a. *Defining and measuring inclusive growth: application to the Philippines*. Manila, Philippines: Asian Development Bank.p.45.

Ali, I. and Son, H.H., 2007b. Measuring inclusive growth. *Asian Development Review*, 24(1), p.11.

Ali, I. and Zhuang, J., 2007. *Inclusive growth toward a prosperous Asia: Policy implications*. [97] Manila, Philippines: Asian Development Bank. Available at: <https://www.adb.org/sites/default/files/publication/28210/wp097.pdf> [Accessed 8 May 2020].

Alshahrani, M.S.A. and Alsadiq, M.A.J., 2014. *Economic growth and government spending in Saudi Arabia: An empirical investigation*. Washington DC: International Monetary Fund.

Alvi, M., 2016. A Manual for Selecting Sampling Techniques in Research. *Business Administration*. [online] Available at: <https://mpra.ub.uni-muenchen.de/70218/> [Accessed 21 Jun. 2020].

Amaratunga, D., Baldry, D., Sarshar, M. and Newton, R., 2002. Quantitative and qualitative research in the built environment: application of "mixed" research approach. *Work study*.

Anand, R., Mishra, S. and Peiris, S.J., 2013. *Inclusive Growth Revisited: Measurement and Determinants*. Washington DC: World Bank.

Anand, R., Tulin, V. and Kumar, N., 2014. *India: Defining and explaining inclusive growth and poverty reduction*. Washington DC: International Monetary Fund.

Anderson, P. and Baumberg, B., 2006. Alcohol in Europe: A public health perspective London. *London: Institute of alcohol studies*, 2, pp.73–75.

Anger, B., 2010. Poverty eradication, millennium development goals and sustainable development in Nigeria. *Journal of sustainable development*, 3(4), pp.138–144.

Anon 2020. *Possible determinants and spatial patterns of anaemia among young children in Nigeria: a Bayesian semi-parametric modelling*. [online]

ResearchGate. Available at: <https://www.researchgate.net/publication/260023562_Possible_determinants_and_spatial_patterns_of_anaemia_among_young_children_in_Nigeria_a_Bayesian_semi-parametric_modelling/figures?lo=1> [Accessed 2 Aug. 2020].

Anyanwu, J. and Erhijakpor, A., 2009. The Impact of Road Infrastructure on Poverty Reduction in Africa. In: *Poverty in Africa*. New York: Nova Science Publishers, Inc.pp.1–40.

Anyanwu, J.C., 1997. Poverty in Nigeria: Concepts, measurement and determinants. In: *Poverty Alleviation In Nigeria*. Abuja, Nigeria: Nigerian Economic Society.pp.93–120.

Anyanwu, J.C., 2005. Rural poverty in Nigeria: profile, determinants and exit paths. *African Development Review*, 17(3), pp.435–460.

Anyanwu, J.C., 2012. State of affairs–Natural resources in Africa. AWEPA Seminar on Managing Africa's Natural Resources: Towards Achieving the MDGs. Rome: The Association of European Parliamentarians with Africa (AWEPA).

Anyanwu, J.C., 2013a. *Determining the correlates of poverty for inclusive growth in Africa*. Abidjan, Cote d'Ivoire: African Development Bank.

Anyanwu, J.C., 2013b. The correlates of poverty in Nigeria and policy implications. *African Journal of Economic and Sustainable Development*, 2(1), pp.23–52.

Anyanwu, J.C. and Erhijakpor, A.E.O., 2010. Do international remittances affect poverty in Africa? *African Development Review*, 22(1), pp.51–91.

Appiah-Adu, K., 1998. Market orientation and performance: empirical tests in a transition economy. *Journal of Strategic Marketing*, 6(1), pp.25–45.

Arezki, R., Pattillo, C.A., Quintyn, M.G. and Zhu, M., 2012. *Commodity Price Volatility and Inclusive Growth in Low-Income Countries*. [online] *Commodity Price Volatility and Inclusive Growth in Low-Income Countries*. Washington DC: International Monetary Fund. Available at: <https://www.elibrary.imf.org/view/books/071/12631-9781616353797-en/12631-9781616353797-en-book.xml> [Accessed 25 Apr. 2021].

Ariyo, A. and Jerome, A., 2004. *Utility privatization and the poor: Nigeria in focus*. Berlin: Heinrich-Böll-Stiftung.

Asian Development, B., 2014. Midterm Review of Strategy 2020: Meeting the Challenges of a Transforming Asia and Pacific.

Asian Development Bank, 1999. *Fighting Poverty in Asia and the Pacific: The Poverty Reduction Strategy of the Asian Development Bank*. Manila, Philippines: Asian Development Bank.

Asian Development Bank, 2013. *Framework of Inclusive Growth Indicators 2013: Key Indicators for Asia and the Pacific Special Supplement*. [online] Manila, Philippines: Asian Development Bank. Available at:

<https://www.adb.org/publications/framework-inclusive-growth-indicators-2013-key-indicators-asia-and-pacific> [Accessed 19 Jun. 2020].

Asoluka, N. and Okezie, I., 2011. Unemployment and Nigerian Economic Growth. *Mediterranean Journal of Social Sciences*, 2(6), pp.23–32.

Asteriou, D. and Agiomirgianakis, G.M., 2001. Human capital and economic growth: time series evidence from Greece. *Journal of Policy Modelling*, 23(5), pp.481–489.

Auerbach, C. and Silverstein, L.B., 2003. *Qualitative data: An introduction to coding and analysis*. New York: NYU press.

Ayinde, T.O. and Yinusa, O.G., 2016. Financial development and inclusive growth in Nigeria: A threshold analysis. *Acta Universitatis Danubius. Œconomica*, 12(5).

Azevedo, J.P., Inchauste, G., Olivieri, S., Saavedra, J. and Winkler, H., 2013. *Is labor income responsible for poverty reduction? A decomposition approach*. Washington DC: World Bank.

Babatunde, M.A. and Adefabi, R.A., 2005. Long run relationship between education and economic growth in Nigeria: Evidence from the Johansen's cointegration approach. In: *Constraints and Opportunities Dakar, Senegal, November 1st - 2nd, 2005*. Regional Conference on Education in West Africa: Senegal: Cornell University.

Babbie, E.R., 1990. *Survey research methods*. 2nd ed ed. Available at: <https://trove.nla.gov.au/version/45226268> [Accessed 19 Jun. 2020].

Bakare, A.S., 2006. The growth implications of human capital investment in Nigeria: An empirical study. *Journal of Economics and Social Studies*, 5(2), pp.110–125.

Ballard, R., Habib, A., Valodia, I. and Zuern, E., 2005. Globalization, marginalization and contemporary social movements in South Africa. *African Affairs*, 104(417), pp.615–634.

Bank, W., 2009. *What is Inclusive Growth?* Washington DC: World Bank.

Barro and Lee, 2010. *Barro-Lee Educational Attainment Dataset*. [online] BarroLeeDataSet. Available at: <https://barrolee.github.io/BarroLeeDataSet/> [Accessed 12 Aug. 2020].

Barro and Sala-i-Martin, 1995. *Economic Growth, Second Edition | The MIT Press*. [online] Available at: <https://mitpress.mit.edu/books/economic-growth-second-edition> [Accessed 12 Aug. 2020].

Barro, R., 2013. Health and economic growth. *Annals of Economics and Finance*, 14(2), pp.329–366.

Barro, R.J., 1991. Economic growth in a cross section of countries. *The quarterly journal of economics*, 106(2), pp.407–443.

Barro, R.J., 2001. Human capital and growth. *American economic review*, 91(2), pp.12–17.

Baumard, P. and Ibert, J., 2001. What approach with which data. *Doing management research*, pp.76–83.

Becker et al., 2014. *The importance of teachers' emotions and instructional behavior for their students' emotions – An experience sampling analysis*. [online] ResearchGate. Available at: <https://www.researchgate.net/publication/263737002_The_importance_of_teachers'_emotions_and_instructional_behavior_for_their_students'_emotions_-_An_experience_sampling_analysis> [Accessed 12 Aug. 2020].

Behbudi, D., Mamipour, S. and Karami, A., 2010. Natural resource abundance, human capital and economic growth in the petroleum exporting countries. *Journal of Economic Development*, 35(3), p.81.

Bell, E., Bryman, A. and Harley, B., 2018. *Business research methods*. Oxford, UK: Oxford University Press.

Bello, T., 2003. Attacking unemployment hurdles in the fragile economies of the Sub–Saharan Africa: the experience of Nigeria. In: *The Occasion Of The Celebration Of 100 Years Of Cambridge Economics*. Economics For The Future – Conference. Cambridge, UK: Citeseer.

Benos, N. and Zotou, S., 2014. Education and economic growth: A meta-regression analysis. *World Development*, 64, pp.669–689.

Berg, A.G. and Ostry, J.D., 2017. Inequality and unsustainable growth: Two sides of the same coin? *IMF Economic Review*, 65(4), pp.792–815.

Bhagwati, J.N., 1988. Poverty and public policy. *World development*, 16(5), pp.539–555.

Bhattacharyya, S., 2009. Unbundled institutions, human capital and growth. *Journal of Comparative Economics*, 37(1), pp.106–120.

Blaug, M., 2007. The fundamental theorems of modern welfare economics, historically contemplated. *History of Political Economy*, 39(2), pp.185–207.

Bloom, D.E. and Canning, D., 2008. *Population Health and Economic Growth*. [online] Washington DC: World Bank. Available at: <https://openknowledge.worldbank.org/handle/10986/4397> [Accessed 23 Jun. 2020].

Bloom, D.E., Canning, D. and Sevilla, J., 2004. The effect of health on economic growth: a production function approach. *World development*, 32(1), pp.1–13.

Bloom, D.E. and Finlay, J.E., 2009. Demographic change and economic growth in Asia. *Asian Economic Policy Review*, 4(1), pp.45–64.

Blumberg, Cooper and Schindler, 2008. *Business Research Methods*. [online] Google Docs. Available at:

<https://docs.google.com/document/d/1WYuxbRSA_7h7sDrfcJoEGnRULg5C92NUgmnOTFfY_ZA/edit?usp=embed_facebook> [Accessed 13 Aug. 2020].

Boarini, R., Murtin, F. and Schreyer, P., 2015. Inclusive growth: The OECD measurement framework. *OECD Statistics Working Papers*, 2015(6), p.0_1.

Boccanfuso, D., Savard, L. and Estache, A., 2013. The distributional impact of developed countries' climate change policies on Senegal: A macro-micro CGE application. *Sustainability*, 5(6), pp.2727–2750.

Böhm, S., Grossmann, V. and Steger, T.M., 2015. Does expansion of higher education lead to trickle-down growth? *Journal of Public Economics*, 132, pp.79–94.

Boldizzoni, F., 2008. *Means and Ends: The Idea of Capital in the West, 1500-1970*. [online] Camden, London: Palgrave Macmillan UK. https://doi.org/10.1057/9780230584143.

Bos, K. and Gupta, J., 2016. Inclusive development, oil extraction and climate change: a multilevel analysis of Kenya. *International Journal of Sustainable Development & World Ecology*, 23(6), pp.482–492.

Bouaissa, M., 2009. *Human Capital Theory, Returns to Education and On-the-job Learning: Evidence from Canadian Data*. EcoMod2009. [online] *EcoMod2009*. Milan. Italy: EcoMod. Available at: <https://ideas.repec.org/p/ekd/000215/21500017.html> [Accessed 26 Apr. 2021].

Bourguignon, F., 2003. The growth elasticity of poverty reduction: explaining heterogeneity across countries and time periods. *Inequality and growth: Theory and policy implications*, 1(1).

Brewerton, P. and Millward, L., 2001. *Organizational Research Methods: A Guide for Students and Researchers*. First edition ed. Thousand Oaks, CA, USA: Sage Publications.

Bryman, A., 2003. *Quantity and quality in social research*. Abingdon, UK: Routledge.

CAFOD, 2018. *Catholic Agency for Overseas Development., (CAFOD) (2014). What is inclusive growth? CAFOD discussion paper*. [online] Available at: <https://cafod.org.uk/content/download/17223/133621/file/Inclusive%20Growth%20full%20paper.pdf>.

Campbell, D.T. and Cook, T.D., 1979. *Quasi-experimentation: Design & analysis issues for field settings*. Illinois, USA: Rand McNally College Publishing Company.

Campbell, O.A., 2017. Inclusive Growth and Sustainable Human Development in Nigeria. *Advances in Social Sciences Research Journal*, [online] 4(7). https://doi.org/10.14738/assrj.47.2913.

Cavalier, R., 2003. *Plato for beginners*. Hyderabad: Orient Black-Swan.

Central Bank of Nigeria, 2000. *Central Bank of Nigeria Statistical bulletin, December 2015*. [online] Abuja, Nigeria: Abuja government Press. Available at: <http://statistics.cbn.gov.ng/cbn-onlinestats> [Accessed 24 Jun. 2020].

Central Bank of Nigeria, 2011. *Central Bank of Nigeria Annual Report and statement of Account 31st December*. Abuja, Nigeria: Abuja government Press.

Chambers, R., 1997. *Whose reality counts*. London: Intermediate technology publications.

Chandy, L., Ledlie, N. and Penciakova, V., 2013. *The final countdown: Prospects for ending extreme poverty by 2030*. Washington DC: Brookings Institution.

Chatterjee, S., 2005. Poverty reduction strategies—Lessons from the Asian and Pacific region on inclusive development. *ADR*, 22(1), pp.12–44.

Chaudhary, A.R., Iqbal, A. and Gillani, S.Y.M., 2009. The nexus between higher education and economic growth: An empirical investigation for Pakistan. *Pakistan Journal of Commerce and Social Sciences (PJCSS)*, 3, pp.1–9.

Chaudhry, I.S., Malik, S., Hassan, A. and Faridi, M.Z., 2010. Does education alleviate poverty? Empirical evidence from Pakistan. *International Research Journal of Finance and Economics*, 52, pp.134–141.

Chete, L.N., Adeoti, J.O., Adeyinka, F.M. and Ogundele, O., 2014. *Industrial development and growth in Nigeria: Lessons and challenges*. [Working Paper] Helsinki, Finland: WIDER Working Paper. https://doi.org/10.35188/UNU-WIDER/2014/740-0.

Chimobi, O.P., 2009. Government expenditure and national income: A causality test for Nigeria. *European Journal of Economic and Political Studies*, 2(2), pp.1–12.

Chude, N.P. and Chude, D.I., 2013. Impact of government expenditure on economic growth in Nigeria. *International journal of business and management review*, 1(4), pp.64–71.

Clark, A.E., 2003. Unemployment as a social norm: Psychological evidence from panel data. *Journal of labor economics*, 21(2), pp.323–351.

Cole, M.A. and Neumayer, E., 2006. The impact of poor health on total factor productivity. *The Journal of Development Studies*, 42(6), pp.918–938.

Collis, J. and Hussey, R., 2013. *Business research: A practical guide for undergraduate and postgraduate students*. New York: Macmillan International Higher Education.

Cooper, D.R. and Emory, C.W., 1995. Business Research Methods, 5th edn (Chicago, IL Irwin).

Cousin, G., 2005. Case study research. *Journal of geography in higher education*, 29(3), pp.421–427.

Creswell, J.W., 2002. *Research Design: Qualitative, Quantitative, and Mixed Methods Approaches*. Second edition ed. Thousand Oaks, CA, USA: Sage Publications.

Creswell, J.W. and Plano Clark, V.L., 2011. The nature of mixed methods research. *Designing and conducting mixed method research. 2nd ed. London: Sage Publications*, pp.1–18.

Dauda, R.S., 2011. Health as a component of human capital formation: does it matter for the growth of the Nigerian economy? *Canadian Social Science*, 7(4), pp.207–218.

Davis, K.F., D'Odorico, P. and Rulli, M.C., 2014. Land grabbing: A preliminary quantification of economic impacts on rural livelihoods. *Population and environment*, 36(2), pp.180–192.

Dawes, J., 1999. The Relationship between Subjective and Objective Company Performance Measures in Market Orientation Research: Further Empirical Evidence. *undefined*. [online] Available at: </paper/The-Relationship-between-Subjective-and-Objective-Dawes/08bfffa909826f6173f0d6ee1e049e66cde1838e> [Accessed 28 May 2021].

De Haan, A. and Thorat, S., 2013. Inclusive growth: More than safety nets. *International Development Research Centre, Ottawa*.

De La Fuente, A., 2011. Human capital and productivity. *Nordic Economic Policy Review*, 2(2), pp.103–132.

Deininger, K. and Squire, L., 1998. New ways of looking at old issues: inequality and growth. *Journal of development economics*, 57(2), pp.259–287.

Denison, E.F., 1962. Review of The Sources of Economic Growth in the United States and the Alternatives Before Us. *The Economic Journal*, 72(288), pp.935–938. https://doi.org/10.2307/2228363.

Denison, E.F. and Poullier, J.-P., 1967. *Why Growth Rates Differ: Postwar Experience in Nine Western Countries*. Washington DC: Brookings Institution.

Denzin, N.K. and Lincoln, Y.S., 2011. *The Sage handbook of qualitative research*. Thousand Oaks, CA, USA: Sage Publications.

Dexter, L.A., 2006. *Elite and specialized interviewing*. Colchester, UK: Ecpr Press.

Dollar, D. and Kraay, A., 2002. Growth is Good for the Poor. *Journal of economic growth*, 7(3), pp.195–225.

Domonkos, T., Jánošová, M. and Ostrihoň, F., 2013. Analysing inclusive growth: empirical evidence from the Slovak Republic. *Ekonomický časopis (Journal of Economics)*, 9(61), pp.918–933.

Easterby-Smith, M., Thorpe, R. and Jackson, P.R., 2012. *Management research*. Thousand Oaks, CA, USA: Sage Publications.

Edoh, T., 2003. Poverty and the Survival of Democracy in Nigeria. *Nigerian Journal of Political and Administrative Studies*, 1(4), pp.7–15.

Edoho, F.M., 2008. Oil transnational corporations: corporate social responsibility and environmental sustainability. *Corporate Social Responsibility and Environmental Management*, 15(4), pp.210–222.

Eggoh, J., Houeninvo, H. and Sossou, G.-A., 2015. Education, health and economic growth in African countries. *Journal of Economic Development*, 40(1), p.93.

Ekperiware, M.C., Oladeji, S.I. and Yinusa, D.O., 2017. Dynamics of human capital formation and economic growth in Nigeria. *Journal of Global Research in Education and Social Science*, 10(3), pp.139–153.

Elena, I. and Sushana, L., 2010. *Inclusive Growth Analytics: Framework and Application*. Washington DC: World Bank.

Elmi, Z.M. and Sadeghi, S., 2012. Health care expenditures and economic growth in developing countries: panel co-integration and causality. *Middle-East Journal of Scientific Research*, 12(1), pp.88–91.

Emmitt, S. and Gorse, C.A., 2009. *Construction communication*. Hobken, NJ, USA: John Wiley & Sons.

Erumban, A.A., 2008. *Measurement and analysis of capital, productivity and economic growth*. Ipskamp BV, Enschede, The Netherlands: PrintPartners.

Ezie, O., 2012. Youth unemployment and its socio-economic implications in Nigeria. *Journal of Social Science and Public Policy*, 4, pp.47–59.

Fabre, A. and Augeraud-Veron, E., 2004. Education, Poverty and Child Labour. *Econometric Society 2004 Far Eastern Meetings*. [online] Available at: <https://ideas.repec.org/p/ecm/feam04/738.html> [Accessed 21 Jun. 2020].

Fapohunda, T.M., 2012. Women and the informal sector in Nigeria: Implications for development. *British Journal of Arts and Social Sciences*, 4(1), pp.35–45.

Faux, E. and Ntembe, A., 2013. Does education reduce poverty? Response from Cameroon. *World Journal of Social Sciences*, 3(2), pp.114–126.

Federal Ministry of Health, 2021. *Nigeria Health Facility Registry*. [online] Hospitals and Clinics. Available at: <https://hfr.health.gov.ng/facilities/hospitals-search?_token=qJa53R2sX7HEXJyho7QHpQm2ag2hieJ9KOCApC6c&state_id=104&lga_id=1088&ward_id=&facility_level_id=0&ownership_id=0&operational_status_id=1&registration_status_id=0&license_status_id=0&geo_codes=0&service_type=0&service_category_id=0&facility_name=&entries_per_page=500#> [Accessed 21 May 2021].

Felipe, J., 2012. Inclusive growth: Why is it important for developing Asia? *Cadmus*, [online] 1(4). Available at: <http://www.cadmusjournal.org/files/pdfreprints/vol1issue4/Inclusive_Growth_Jesus_Felipe.pdf>.

Felipe, J. and Hasan, R., 2006. *Labor markets in Asia: Issues and perspectives*. New York: Springer.

Fellows, R.F. and Liu, A.M.M., 2015. *Research methods for construction*. Washington DC: John Wiley & Sons.

Fielding, N., 2010. Mixed methods research in the real world. *International Journal of Social Research Methodology*, 13(2), pp.127–138.

Fink, A., 2003. *How to sample in surveys*. Thousand Oaks, CA, USA: Sage Publications.

Fitzgerald, B. and Howcroft, D., 1998. Towards dissolution of the IS research debate: from polarization to polarity. *Journal of Information technology*, 13(4), pp.313–326.

Fogel, R.W., 1994. *Economic growth, population theory, and physiology: the bearing of long-term processes on the making of economic policy*. Cambridge, MA, USA: National Bureau of Economic Research.

Folawewo, A.O. and Adedokun, A.J., 2017. Inclusive Growth and Distribution of Growth Opportunities in Nigeria. *Canadian Social Science*, 13(6), pp.1–10. https://doi.org/10.3968/9630.

Foley, D.K., 2010. What's wrong with the fundamental existence and welfare theorems? *Journal of Economic Behaviour & Organization*, 75(2), pp.115–131.

Forrest, T., 2019. *Politics and Economic Development in Nigeria: Updated Edition*. Abingdon, UK: Routledge.

Frankel, J.A., 2012. *The Natural Resource Curse: A Survey of Diagnoses and Some Prescriptions*. [online] Cambridge, MA, USA: John F. Kennedy School of Government, Harvard University. Available at: <https://dash.harvard.edu/handle/1/8694932> [Accessed 25 Apr. 2021].

Franses, P.H. and Paap, R., 2001. *Quantitative models in marketing research*. Cambridge, UK: Cambridge University Press.

Frechtling, J.A. and Sharp, L.M., 1997. *User-friendly handbook for mixed method evaluations*. Diane Publishing.

Fritz, M. and Koch, M., 2014. Potentials for prosperity without growth: Ecological sustainability, social inclusion and the quality of life in 38 countries. *Ecological Economics*, 108, pp.191–199.

Frynas, J.G., 2000. *Oil in Nigeria: conflict and litigation between oil companies and village communities*. Münster: LIT Verlag.

Fuentes-Nieva, R. and Galasso, N., 2014. *Working for the few: Political capture and economic inequality*. Oxford, UK: Oxfam.

Fukuda-Parr, S., 2003. The Human Development Paradigm: Operationalizing Sen's Ideas on Capabilities. *Feminist Economics*, 9(2–3), pp.301–317. https://doi.org/10.1080/1354570022000077980.

G20, 2018. *G20 Leaders declaration Saint-Petersburg - OECD*. [online] Available at: <https://www.oecd.org/g20/summits/saint-petersburg/> [Accessed 26 Jun. 2019].

Garba, T. and Abdullahi, S.Y., 2013. Public Expenditure and Economic Growth: An Application of Cointegration and Granger Causality Tests on Nigeria. *Journal of Economic & Social Research*, 15(1).

Gavaza, P., Rascati, K.L., Oladapo, A.O. and Khoza, S., 2010. The state of health economic evaluation research in Nigeria: a systematic review. *PharmacoEconomics*, 28(7), pp.539–553. https://doi.org/10.2165/11536170-000000000-00000.

Gill, J. and Johnson, P., 2002. *Research methods for managers*. Thousand Oaks, CA, USA: Sage Publications.

Glaser, B.G., Strauss, A.L. and Strutzel, E., 1968. The discovery of grounded theory; strategies for qualitative research. *Nursing research*, 17(4), p.364.

Glewwe, P., Maiga, E. and Zheng, H., 2014. The contribution of education to economic growth: A review of the evidence, with special attention and an application to Sub-Saharan Africa. *World Development*, 59, pp.379–393.

Göb, R., McCollin, C. and Ramalhoto, M.F., 2007. Ordinal methodology in the analysis of Likert scales. *Quality & Quantity*, 41(5), pp.601–626.

Gómez, C. and Ranft, A.L., 2003. The influence of organizational variables on the transferability of management practices: An examination of traditional and learning manufacturing environments in Mexico. *Journal of Business Research*, 56(12), pp.989–997.

Goudge, P., 2003. *The whiteness of power: Racism in third world development and aid*. London: Lawrence & Wishart.

Gramlich, E.M., 1994. Infrastructure investment: A review essay. *Journal of economic literature*, 32(3), pp.1176–1196.

Gravestock, P. and Gregor-Greenleaf, E., 2008. *Student course evaluations: Research, models and trends*. Princeton, NJ, USA: Citeseer.

Greene, J.C., 2006. Toward a methodology of mixed methods social inquiry. *Research in the Schools*, 13(1), pp.93–98.

Gujarati, D.N. and Porter, D.C., 2008. *Basic Econometrics*. 5 edition ed. Boston: McGraw-Hill Education.

Gupta, J., Pouw, N.R.M. and Ros-Tonen, M.A.F., 2015. Towards an elaborated theory of inclusive development. *The European Journal of Development Research*, 27(4), pp.541–559.

Habito, C.F., 2009. *Patterns of inclusive growth in developing Asia: insights from an enhanced growth-poverty elasticity analysis*. Tokyo, Japan: ADBI.

Hadir, M.A. and Lahrech, A., 2015. Human capital development and economic growth in Morocco. *International Journal of Education and Human Development*, 1(1), pp.49–73.

Hakimian, H., 2013. *The Search for Inclusive Growth in North Africa: A Comparative Approach*. [online] Abidjan, Cote d'Ivoire: African Development Bank. Available at: </paper/The-Search-for-Inclusive-Growth-in-North-Africa%3A-A-Hakimian/31d80aa1fe381274ae0d4659f5cdfd2559a815b8> [Accessed 25 Apr. 2021].

Haller, A.-P., 2012. Concepts of Economic Growth and Development. Challenges of Crisis and of Knowledge. *Economy Transdisciplinarity Cognition*, 15(1), pp.66–71.

Hammersley, M. and Atkinson, P., 1995. *Ethnography, principles in practice*. 2nd ed. Abingdon, UK: Routledge.

Hanushek, E.A. and Kimko, D.D., 2000. Schooling, labor-force quality, and the growth of nations. *American economic review*, 90(5), pp.1184–1208.

Harriss, C., 1998. Why research without theory is not research A reply to Seymour, Crook and Rooke. *Construction Management & Economics*, 16(1), pp.113–116.

Hasmath, R., 2015. *Inclusive growth, development and welfare policy: A critical assessment*. Abingdon, UK: Routledge.

Hausmann, R., Rodrik, D. and Velasco, A., 2005. Growth Diagnostics. Cambridge, MA, USA: The John F. Kennedy School of Government, Harvard University.

Hay, I.M., Clifford, N.J. and Valentine, G., 2003. *Ethical practice in geographical research*. [online] Thousand Oaks, CA, USA: Sage Publications. Available at: <https://is.muni.cz/el/sci/jaro2015/Z0132/um/54979481/_Nicholas_Clifford__Gill_Valentine__Key_Methods_in_BookFi.org_.pdf#page=58>.

Hinson, R.E. and Mahmoud, M.A., 2011. Qualitative insights into market orientation in small Ghanaian businesses. *International Journal of Marketing Studies*, 3(1), p.35.

Hoggart, K., Lees, L. and Davies, A., 2002. *Researching human geography*. Oxford, UK: Oxford University Press.

Holloway, I., 1997. *Basic concepts for qualitative research*. Hobken, NJ, USA: Wiley-Blackwell.

Holzmann and Jorgesen, 2000. *Social Risk Management: A New Conceptual Framework for Social Protection*. [online] ResearchGate. Available at: <https://www.researchgate.net/publication/5148552_Social_Risk_Management_A_New_Conceptual_Framework_for_Social_Protection> [Accessed 11 Aug. 2020].

Honderich, T. ed., 2005. *The Oxford Companion to Philosophy*. Second Edition ed. Oxford Companions. Oxford, UK: Oxford University Press.

Hughes, B.B., 2007. Assessing strategies for reducing poverty. *International Studies Review*, 9(4), pp.690–710.

Hull, K., 2009. Understanding the Relationship between Economic Growth, Employment and Poverty Reduction: Promoting Pro-Poor Growth. *OECD. Accessed on*, 23(7), p.2014.

Hulten, C.R., 2001. Total factor productivity: a short biography. In: *New developments in productivity analysis*. Chicago: University of Chicago Press.pp.1–54.

Ianchovichina, E. and Gable, S.L., 2012. What is inclusive growth? In: *Commodity prices and inclusive growth in low-income countries*. Washington DC: International Monetary Fund.pp.147–60.

Ianchovichina, E. and Lundstrom, S., 2009a. *Inclusive growth analytics: Framework and application*. Washington DC: World Bank.

Ianchovichina, E. and Lundstrom, S., 2009b. *What Is Inclusive Growth? Note Prepared for the Diagnostic Facility for Shared Growth.© World Bank*. [online] Washington DC: World Bank. Available at: <https://mronline.org/wp-content/uploads/2017/10/WhatIsInclusiveGrowth20081230.pdf>.

Idahosa, A.J., 2002. A Critical Assessment of Poverty Alleviation/Eradication Programs (Why They Failed And How They Can Be Made To Serve The Poor). In: *SERAC's Legislating for the Poor Summit, Banquet Hall, Rockview Hotel*. Lagos, Nigeria: Social and Economic Rights Action Centre.pp.26–27.

Igbuzor, O., 2006a. Review of Nigeria Millennium Development Goals: 2005 Report. [online] MDG/GCAP NIGERIA PLANNING MEETING. Abuja, Nigeria: ActionAid International Nigeria. Available at: <https://www.dawodu.com/igbuzor11.htm> [Accessed 9 May 2020].

Igbuzor, O., 2006b. The Millennium Development Goals: Can Nigeria Meet the Goals in 2015? In: *Presentation at the Symposium of The Institute Of Chartered Accountants Of Nigeria (ICAN)*. Abuja, Nigeria: Institute Of Chartered Accountants Of Nigeria.

Iheanacho, E., 2016. The contribution of government expenditure on economic growth of Nigeria disaggregated approach. *International Journal of Economics and Management Sciences*, 5(5), pp.1–8.

ILO, 2016. *Facing the growing unemployment challenges in Africa*. [Press release] Available at: <http://www.ilo.org/africa/media-centre/pr/WCMS_444474/lang--en/index.htm> [Accessed 3 Aug. 2020].

IMF, 2014. *World Economic Outlook Database April 2014*. [online] Available at: <https://www.imf.org/external/pubs/ft/weo/2014/01/weodata/index.aspx> [Accessed 3 Aug. 2020].

IMF, 2018. *World Economic Outlook Database October 2015*. [online] Available at: <http://www.imf.org/external/pubs/ft/weo/2015/02/weodata/index.aspx> [Accessed 26 Jun. 2019].

IMF, 2019. *World Economic Outlook Databases*. [online] IMF. Available at: <https://www.imf.org/en/Publications/SPROLLs/world-economic-outlook-databases> [Accessed 3 Aug. 2020].

Ined, 2019. *Projections by countries*. [online] Ined - Institut national d'études démographiques. Available at: <https://www.ined.fr/en/everything_about_population/data/world-projections/projections-by-countries/> [Accessed 15 May 2021].

Inklaar, R., Timmer, M.P. and Van Ark, B., 2008. Market services productivity across Europe and the US. *Economic Policy*, 23(53), pp.140–194.

International Labor Organisation, 2021. *ILO Data Explorer*. [Database] Available at: <https://www.ilo.org/shinyapps/bulkexplorer39/?lang=en&segment=indicator&id=EAP_2WAP_SEX_AGE_RT_A> [Accessed 22 May 2021].

Islam, N., 1995. Growth empirics: a panel data approach. *The quarterly journal of economics*, 110(4), pp.1127–1170.

Isola, W.A. and Alani, R., 2012. Human capital development and economic growth: Empirical evidence from Nigeria. *Asian Economic and Financial Review*, 2(7), p.813.

Ite, U.E., 2005. Poverty reduction in resource-rich developing countries: what have multinational corporations got to do with it? *Journal of international Development*, 17(7), pp.913–929.

Jahan, S., 2002. *Measuring living standard and poverty: Human development index as an alternate measure*. [online] Amherst, MA, USA: University of Massachusetts Political Economy Research Institute. Available at: <http://www. umass. edu/peri/pdfs/glw_jahan. pdf> [Accessed 25 Apr. 2020].

Jāhāna, S., 2015. *Human development report 2015: Work for human development*. New York: United Nations Development Programme.

Jaiyeoba, S.V., 2015. Human capital investment and economic growth in Nigeria. *African Research Review*, 9(1), pp.30–46.

James G Anderson, Carolyn E Aydin and Stephen J Jay, 1993. *Evaluating health care information systems: methods and applications / edited by James G. Anderson, Carolyn E. Aydin, Stephen J. Jay.* Thousand Oaks, CA, USA: Sage Publications.

Jamison et al., 2003. *3 Health's Contribution to Economic Growth in an Environment of Partially Endogenous Technical Progress*. [online] ResearchGate. Available at: <https://www.researchgate.net/publication/228354905_3_Health's_Contribution_to_Economic_Growth_in_an_Environment_of_Partially_Endogenous_Technical_Progress> [Accessed 12 Aug. 2020].

Jankowicz, A.D., 2005. *Business research projects*. Andover, UK: Cengage Learning EMEA.

Jaoul*, M., 2004. Higher education, causality and growth: a comparison of France and Germany before the Second World War. *Compare: A Journal of Comparative and International Education*, 34(1), pp.117–133.

Jhingan, M.L., 2014. *The Economics of Development and Planning*. 40e edition ed. Delhi, India: Vrinda Publications P Ltd.

Jick, T.D., 1979. Mixing qualitative and quantitative methods: Triangulation in action. *Administrative science quarterly*, 24(4), pp.602–611.

Jorgenson, D.W. and Griliches, Z., 1967. The explanation of productivity change. *The review of economic studies*, 34(3), pp.249–283.

Jorgenson, D.W., Ho, M.S. and Stiroh, K.J., 2003. Growth of US industries and investments in information technology and higher education. *Economic Systems Research*, 15(3), pp.279–325.

Kakwani, N. and Pernia, E.M., 2000. What is pro-poor growth? *Asian development review*, 18(1), pp.1–16.

Kakwani, N. and Son, H.H., 2008. Poverty equivalent growth rate. *Review of Income and Wealth*, 54(4), pp.643–655.

Kakwani, N., Son, H.H., Qureshi, S.K. and Arif, G.M., 2003. Pro-poor growth: Concepts and measurement with country case studies [with comments]. *The Pakistan Development Review*, 42(4), pp.417–444.

Kale, Y. and Doguwa, S.I., 2015. On the compilation of labour force statistics for Nigeria. *CBN Journal of Applied Statistics*, 6(1), pp.183–198.

Kalu, E. and Nenbee, S.G., 2013. Micro-savings and poverty reduction in Nigeria: Some field observations from Gokana Local Government Area of Rivers State. *European Journal of Business and Management*, 5(17), pp.84–91.

Kanayo, O., 2014. Poverty Incidence and Reduction Strategies in Nigeria: Challenges of Meeting 2015 MDG Targets. *Journal of Economics*, 5(2), pp.201–217. https://doi.org/10.1080/09765239.2014.11884997.

Kankwenda, M. and Gregoire, L.-J., 2001. *Poverty eradication: where Africa stands.* Washington DC: Brookings Institution.

Kazeem, Y., 2020. Nigeria's economy is making a comeback—but it's still not happening fast enough. *Quartz*. [online] Feb. Available at: <https://qz.com/africa/1807355/nigerias-economy-has-best-quarterly-growth-since-recession/> [Accessed 22 May 2021].

Kendrick, J.W., 1961. *Productivity Trends in the United States*. [online] Cambridge, MA, USA: National Bureau of Economic Research. Available at: <https://www.nber.org/books-and-chapters/productivity-trends-united-states> [Accessed 25 Apr. 2021].

Khadija Haq, 2017. *Mahbub ul Haq: pioneering a development philosophy for people*. [online] OUPblog. Available at: <https://blog.oup.com/2017/09/mahbub-ul-haq-philosophy-economics/> [Accessed 10 Aug. 2020].

Kim, Y.J. and Terada-Hagiwara, A., 2013. A survey on the relationship between education and growth with implications for developing Asia. *Journal of International Commerce, Economics and Policy*, 4(01), p.135.

Kjøller-Hansen, A.O. and Sperling, L.L., 2020. Measuring inclusive growth experiences: Five criteria for productive employment. *Review of Development Economics*, [online] n/a(n/a). https://doi.org/10.1111/rode.12689.

Klasen, S., 2010. Measuring and monitoring inclusive growth: Multiple definitions, open questions, and some constructive proposals.

Knight, J., Shi, L. and Quheng, D., 2010. Education and the poverty trap in rural China: Closing the trap. *Oxford Development Studies*, 38(1), pp.1–24.

Kolawole, B.O., 2016. Government spending and inclusive-growth relationship in Nigeria: An empirical investigation. *Zagreb International Review of Economics and Business*, 19(2), pp.33–56.

Kolawole, B.O. and Odubunmi, S.A., 2015. Government Capital Expenditure, Foreign Direct Investment, and Economic Growth Relationship in Nigeria. *Mediterranean Journal of Social Sciences*, 6(4), pp.444–444.

Kolawole, B.O., Omobitan, O.A. and Yaqub, J.O., 2015. Poverty, inequality and rising growth in Nigeria: Further empirical evidence. *International Journal of Economics and Finance*, 7(2), pp.51–62.

Kone, S., 2006. *A structural model of currency management of foreign debt. Application to a developing country: Nigeria*. Washington DC: The Catholic University of America.

Kopp, P., TOXICOMANIES, O.F.D.D.E. and KOPP P., 2015. *Le coût social des drogues en France*. Trend : Tendances récentes et nouvelles drogues. [online] Paris: OFDT. Available at: <http://www.ofdt.fr/publications/collections/rapports/rapports-d-etudes/rapports-detudes-ofdt-parus-en-2015/le-cout-social-des-drogues-en-france-decembre-2015/>.

Kraay, A., 2004. *When is growth pro-poor?: cross-country evidence*. Washington DC: World Bank.

Krueger, A.B. and Lindahl, M., 2001. Education for growth: Why and for whom? *Journal of economic literature*, 39(4), pp.1101–1136.

Krueger, A.B. and Malečková, J., 2003. Education, poverty and terrorism: Is there a causal connection? *Journal of Economic perspectives*, 17(4), pp.119–144.

Krueger, A.O., 1974. The political economy of the rent-seeking society. *The American economic review*, 64(3), pp.291–303.

Kumah, F.Y. and Mathew Sandy, 2013. In Search of Inclusive Growth: The Role of Economic Institutions and Policy. *Modern Economy*, 2013(4), pp.758–775.

Kumar, C.S., 2006. Human capital and growth empirics. *The Journal of Developing Areas*, pp.153–179.

Kwon, D.-B., 2009. Human capital and its measurement. pp.27–30.

Lain, J., Vishwanath, T. and World Bank, 2021. *Tackling poverty in multiple dimensions: A proving ground in Nigeria?* [online] Available at: <https://blogs.worldbank.org/opendata/tackling-poverty-multiple-dimensions-proving-ground-nigeria> [Accessed 22 May 2021].

Lee, B. and Cassell, C., 2011. *Challenges and controversies in management research*. Abingdon, UK: Routledge.

Leedy, P.D. and Ormrod, J.P., 2005. *Practical research–planning and design 8th Edn Pearson*. Harlow, UK: Pearson.

Lincoln, Y.S. and Guba, E., 1985. *Naturalistic Inquiry*. 1st edition ed. Thousand Oaks, CA, USA: Sage Publications.

Lincoln, Y.S., Lynham, S.A. and Guba, E.G., 2011. Paradigmatic Controversies, Contradictions, and Emerging Confluences, Revisited. *The Sage handbook of qualitative research*, 4, pp.97–128.

Lipsey, R.G. and Lancaster, K., 1956. The general theory of second best. *The review of economic studies*, 24(1), pp.11–32.

Little, A.W., 2003. Motivating learning and the development of human capital. *Compare: A Journal of Comparative and International Education*, 33(4), pp.437–452.

Llena-Nozal, A., 2009. The effect of work status and working conditions on mental health in four OECD countries. *National Institute Economic Review*, 209(1), pp.72–87.

Love, P.E.D., Holt, G.D. and Li, H., 2002. Triangulation in construction management research. *Engineering Construction and Architectural Management*, 9(4), pp.294–303.

Love, P.E.D., Skitmore, M. and Earl, G., 1998. Selecting a suitable procurement method for a building project. *Construction Management & Economics*, 16(2), pp.221–233.

Lucas, R.E., 1988. On the Mechanics of Economic Development. *Journal of Monetary Economics*, 22, pp.3–42.

Maddison, A., 1987. Growth and slowdown in advanced capitalist economies: techniques of quantitative assessment. *Journal of economic literature*, 25(2), pp.649–698.

Maddison, A., 1991. *Dynamic forces in capitalist development: A long-run comparative view*. Oxford, UK: Oxford University Press.

Maddison, D., 2007. *The perception of and adaptation to climate change in Africa*. Washington DC: World Bank.

Maksymenko, S.V. and Rabbani, M., 2008. Economic reforms, human capital, and economic growth in India and South Korea: a cointegration analysis. *Human Capital, and Economic Growth in India and South Korea: A Cointegration Analysis (August 1, 2008)*.

Manafi, I. and Marinescu, D.E., 2013. The Influence of Investment in Education on Inclusive Growth-Empirical Evidence from Romania vs. EU. *Procedia-Social and Behavioral Sciences*, 93, pp.689–694.

Manby, B., 1999. *The price of oil: corporate responsibility and human rights violations in Nigeria's oil producing communities*. New York: Human Rights Watch.

Mandlebe, 2014. *Human Capital and Inclusive Growth : A Case Study of Botswana - Sécheresse*. [online] Available at: <http://www.secheresse.info/spip.php?article67828> [Accessed 12 Aug. 2020].

Mankiw, N.G., Romer, D. and Weil, D.N., 1992. A contribution to the empirics of economic growth. *The quarterly journal of economics*, 107(2), pp.407–437.

Mariana, D.R., 2015. Education as a determinant of the economic growth. The case of Romania. *Procedia-Social and Behavioural Sciences*, 197, pp.404–412.

Marvelous, A.I., Baba, I.A.D. and Emily, G.J., 2017. Education Sector and Economic Growth in Nigeria: an Impact Analysis. *International Journal of Advanced Studies in Economics and Public Sector Management*, 5(3), p.12.

Maxwell, J. and Kaplan, B., 2005. Qualitative Research Methods for Evaluating Computer Information Systems. In: J.G. Anderson and C.E. Aydin, eds. *Evaluating the organizational impact of healthcare information systems*, Health informatics series, 2nd ed. New York: Springer.pp.30–55.

Maxwell, J.A. and Mittapalli, K., 2010. Realism as a Stance for Mixed Methods Research. *SAGE Handbook of Mixed Methods in Social and Behavioral Research*, 2, pp.145–167. https://doi.org/10.4135/9781506335193.N6.

McDonald, S. and Roberts, J., 2002. Growth and multiple forms of human capital in an augmented Solow model: a panel data investigation. *Economics letters*, 74(2), pp.271–276.

McGregor, J.A. and Pouw, N., 2017. Towards an economics of well-being. *Cambridge Journal of Economics*, 41(4), pp.1123–1142.

McKay, A. and Sumner, A., 2008. *Economic growth, inequality and poverty reduction: does pro-poor growth matter?* University of Sussex, Brighton, UK: Institute of Development Studies.

McKinley, T., 2009. Revisiting the dynamics of growth, inequality and poverty reduction. *Centre for Development Policy and Research Discussion Paper*, 25(09).

McKinley, T., 2010. *Inclusive Growth Criteria and Indicators: An Inclusive Growth Index for Diagnosis of Country Progress*. [online] Manila, Philippines: Asian Development Bank. Available at: <https://www.adb.org/publications/inclusive-growth-criteria-and-indicators-inclusive-growth-index-diagnosis-country> [Accessed 25 Apr. 2021].

Mendelsohn, R., Dinar, A. and Williams, L., 2006. The distributional impact of climate change on rich and poor countries. *Environment and development economics*, 11(2), pp.159–178.

Mesagan, E.P. and Dauda, R., 2016. Does Education matter for inclusive Growth? The Nigerian Case. *Journal of Economics & Business Research*, [online] 22(1). Available at: <https://web.a.ebscohost.com/abstract?direct=true&profile=ehost&scope=site&authtype=crawler&jrnl=20683537&AN=119215363&h=eNCHOx%2bpeJlIbtiFseJr2i4D%2fh%2bbUelBARfDzmUuo9xNgOie%2fltNl1t8GPT8WePBuSSX38EtP7afgH4wApN40w%3d%3d&crl=c&resultNs=AdminWebAuth&resultLocal=ErrCrlNotAuth&crlhashurl=login.aspx%3fdirect%3dtrue%26profile%3dehost%26scope%3dsite%26authtype%3dcrawler%26jrnl%3d20683537%26AN%3d119215363> [Accessed 18 Jun. 2020].

Miles, M.B. and Huberman, A.M., 1994. *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA, USA: Sage Publications.

Mishan, E.J., 1962. Second thoughts on second best. *Oxford Economic Papers*, 14(3), pp.205–217.

Moura, A.R., 1978. Redistribution with growth: policies to improve income distribution in developing countries in the context of economic growth. *Revista de Administração de Empresas*, 18(4), pp.78–81.

Moyib, F.R., Ojo, S.O. and Ayodele, I.A., 2017. Incidence and Severity of Poverty among Oyan Lake Host Communities' Households in Ogun State, Nigeria. *Ghana Journal of Development Studies*, 14(2), pp.164–183.

Mpho and Kaelo, 2016. *Addressing employability challenges: a framework for improving the employability of graduates in Botswana*. [online] ResearchGate. Available at: <https://www.researchgate.net/publication/309306795_Addressing_employability_challenges_a_framework_for_improving_the_employability_of_graduates_in_Botswana> [Accessed 14 Aug. 2020].

Mubila, M., 2012. *Income Inequality in Africa*. Briefing notes for AfDB's long-term strategy. Abidjan, Cote d'Ivoire: African Development Bank.pp.2–3.

Mukherjee, S., Sikdar, S. and Chakraborty, D., 2014. *Three Decades of Human Development across Indian States: Inclusive Growth or Perpetual Disparity?* Working Papers. [online] *Working Papers*. Mumbai, India: eSocialSciences. Available at: <https://ideas.repec.org/p/ess/wpaper/id5929.html> [Accessed 25 Apr. 2021].

Muse, B.O., Olorunleke, K. and Alimi, R.S., 2013. The effect of Federal government size on economic growth in Nigeria, 1961-2011. *Developing Country Studies*, 3(7), pp.68–76.

Musgrove, R. and Musgrove, P., 1989. *Public Finance In Theory and Practice*. %th ed. New York: McGraw-Hill.

Muzammil, H., 2017. *Sampling methods in social research*. Visva Bharati, Santiniketan,West Bangal.

Nabli, M.M.K. and Arezki, M.R., 2012. *Natural resources, volatility, and inclusive growth: Perspectives from the Middle East and North Africa*. Washington DC: International Monetary Fund.

Naoum, S.G., 2012. *Dissertation research and writing for construction students*. Abingdon, UK: Routledge.

National Bureau of Statistics, 2015. *National poverty rates for nigeria: 2003-04 (revised) and 2009-10*. [online] Abuja, Nigeria: National Bureau of Satistics.p.5. Available at: <https://nigerianstat.gov.ng/elibrary?perPage=100&queries[search]=Poverty> [Accessed 22 May 2021].

National Bureau of Statistics, 2016. *Nigeria Census - Nigeria Data Portal*. [online] Nigeria Data Portal. Available at: <https://nigeria.opendataforafrica.org/xspplpb/nigeria-census> [Accessed 24 May 2021].

National Bureau of Statistics, 2018. *Labor Force Statistics - Volume I: Unemployment and Underemployment Report*. [online] Abuja, Nigeria: National Bureau of Satistics.p.47. Available at: <https://nigerianstat.gov.ng/elibrary?perPage=100&queries[search]=poverty> [Accessed 15 May 2021].

National Bureau of Statistics, 2020a. *2019 Poverty and Inequality in Nigeria: Executive Summary*. [online] Abuja, Nigeria: National Bureau of Satistics. Available at: <https://www.google.com/search?q=poverty+rate+in+anambra+state&oq=poverty+in+anambra&aqs=chrome.1.69i57j0i22i30.15356j0j7&sourceid=chrome&ie=UTF-8> [Accessed 21 May 2021].

National Bureau of Statistics, 2020b. *Labor Force Statistics: Unemployment and Underemployment Report*. [online] Abuja, Nigeria: National Bureau of Satistics. Available at: <https://nigerianstat.gov.ng/elibrary?perPage=100> [Accessed 21 May 2021].

National Bureau of Statistics, 2020c. *Nigerian Gross Domestic Product Report (Q4 & FULL YEAR 2020)*. [online] Abuja, Nigeria: National Bureau of Satistics.p.152. Available at: <https://nigerianstat.gov.ng/elibrary?perPage=100> [Accessed 22 May 2021].

National Population, C., 2004. *Nigeria's 2004 national policy on population for sustainable development*. [Implementation Assessment Report] Abuja, Nigeria:

National Population Commission. Available at: <https://www.healthpolicyproject.com/pubs/821_FINALNPPReport.pdf> [Accessed 13 Apr. 2020].

National Population, C., 2009. The 2006 population and housing census of the Federal Republic of Nigeria. *Priority tables*, 1, pp.22–39.

Neuman, W.L. and Neuman, L.W., 2006. *Workbook for Neumann Social research methods: qualitative and quantitative approaches*. Boston, MA, USA: Allyn & Bacon.

Ngepah, N., 2017. A review of theories and evidence of inclusive growth: an economic perspective for Africa. *Current Opinion in Environmental Sustainability*, 24, pp.52–57. https://doi.org/10.1016/j.cosust.2017.01.008.

Nowak, A.Z. and Dahal, G., 2016. The contribution of education to economic growth: Evidence from Nepal. *International Journal of Economic Sciences*, 5(2), pp.22–41.

Nubukpo, K., 2007. Dépenses publiques et croissance des pays de l'Union économique et monétaire ouest-africaine (UEMOA). *Afrique contemporaine*, 222(2), pp.223–250.

Nunnally, J.C., 1978. *Psychometric Theory: 2nd Ed*. New York: McGraw-Hill.

Nurudeen, A. and Usman, A., 2010. Government expenditure and economic growth in Nigeria, 1970-2008: A disaggregated analysis. *Business and economics journal*, 2010(4), pp.1–11.

Nwosu, C., Dike, A.O. and Okwara, K.K., 2014. The effects of population growth on economic growth in Nigeria. *International Journal of Engineering and Science*, 3(11), pp.07–18.

Nzeneri, 2019. 5 Data Collection Methods for Obtaining Quantitative and Qualitative Data. *LeadQuizzes*. Available at: <https://www.leadquizzes.com/blog/data-collection-methods/> [Accessed 13 Aug. 2020].

Obad, J. and Jamal, Y., 2016. L'impact des dépenses publiques sur la croissance économique au Maroc: Application de l'approche ARDL [The impact of public expenditure on economic growth in Morocco: Application of ARDL approach]. *International Journal of Innovation and Applied Studies*, 16(2), p.444.

Obadan and Edo, 2008. *Nigeria's economic governance structures and growth performance in perspective*. [online] ResearchGate. Available at: <https://www.researchgate.net/publication/306011848_NIGERIA'S_ECONOMIC_GOVERNANCE_STRUCTURES_AND_GROWTH_PERFORMANCE_IN_PERSPECTIVE> [Accessed 11 Aug. 2020].

Obi, Z.C. and Obi, C.O., 2014. Impact of government expenditure on education: The Nigerian experience. *International Journal of Business and Finance Management Research*, 2(2104), pp.42–48.

Odit, M.P., Dookhan, K. and Fauzel, S., 2010. The impact of education on economic growth: The case of Mauritius. *International Business & Economics Research Journal (IBER)*, 9(8).

OECD, 2006. Promoting Pro-poor Growth. In: *Development Co-operation Report 2005*, Development Co-operation Report. [online] Paris: OECD.pp.33–48. https://doi.org/10.1787/dcr-2005-3-en.

OECD, 2012. *Promoting Inclusive Growth*. [online] https://doi.org/10.1787/9789264168305-en.

OECD, 2015. *Innovation Policies for Inclusive Development: Scaling Up Inclusive Innovations*. Paris: OECD.

Ogbonna, B. and Uma, K., 2017. Monetary policy, inflation and economic growth in Nigeria. *International Journal of Research in Management, Economics and Commerce*, 7(10), pp.126–134.

Ogujiuba, K.K. and Alehile, S., 2011. Inclusive growth in Nigeria: Policy issues and options for poverty reduction. *International Journal of Social and Economic Research*, 1(1), pp.71–82.

Ogunleye et al., 2017. *Human capital development and economic growth in nigeria (1981 - 2015)*. [online] ResearchGate. Available at: <https://www.researchgate.net/publication/319529146_HUMAN_CAPITAL_DEVELOPMENT_AND_ECONOMIC_GROWTH_IN_NIGERIA_1981_-_2015> [Accessed 11 Aug. 2020].

Ojo, A.O. and Oluwatayo, I.B., 2016. Drivers and Challenges of Sustainable Development in Africa. [online] 3rd International Conference On African Development Issues (CU-ICADI). Covenant University, Ota, Nigeria: CU-ICADI.pp.523–526. Available at: <http://eprints.covenantuniversity.edu.ng/6697/#.YI_fdWZKgW8> [Accessed 3 May 2021].

Okoro, A.S., 2013. Government Spending and Economic Growth in Nigeria(1980-2011). *Global Journal of Management And Business Research*, 13(5), p.11.

Okpanachi, E., 2011. Confronting the Governance Challenges of Developing Nigeria's Extractive Industry: Policy and Performance in the Oil and Gas Sector1: Policy and Performance in the Oil and Gas Sector. *Review of Policy Research*, 28(1), pp.25–47. https://doi.org/10.1111/j.1541-1338.2010.00477.x.

Olabode, K.T., Adeigbe, Y., Kayode, Z.Y.H. and Owonibi, E., 2014. Millennium development goals (MDGs) in Nigeria: issues and problems. *Global Journal of Human-Social Science: Sociology & Culture*, 14(5).

Ola-David, O. and Oyelaran-Oyeyinka, O., 2014. *Smart Economics: Inclusive Growth, Poverty Alleviation and Decent Employment in Nigeria*. [SSRN Scholarly Paper] Rochester, NY: Social Science Research Network. https://doi.org/10.2139/ssrn.2505264.

Oladeji, S.I., 2014. *Educated and Qualified, But Jobless: A Challenge for Sustainable Development in Nigeria : an Inaugural Lecture Delivered at Oduduwa Hall, Obefemi Awolowo University, Ile-Ife, Nigeria, on Tuesday 11th March, 2014*. Ife-Ife, Nigeria: Obefemi Awolowo University Press Limited.

Olaniyan, O. and Bankole, A., 2005. *Human Capital, Capabilities and Poverty in Rural Nigeria Research Report Submitted to the African Economic Research Consortium (aerc), for the Second Phase Collaborative Poverty Research Project*. Nairobi, Kenya: African Economic Research Consortium.

Olufunke, A.M. and Oluremi, O.F., 2014. Inclusive education and the development of Nigerian communities. *International Journal of Academic Research in Progressive Education and Development*, 3(1), pp.28–40.

Oluremi, F.D., 2015. Inclusive Education Setting in Southwestern Nigeria: Myth or Reality? *Universal Journal of Educational Research*, 3(6), pp.368–374.

Oluseye, I.C. and Gabriel, A.A., 2017. Determinants of Inclusive Growth in Nigeria: An ARDL Approach. *American Journal of Economics*, 7(3), pp.97–109.

Oni, L.B., Aninkan, O.O. and Akinsanya, T.A., 2014. Joint effects of capital and recurrent expenditures in Nigeria's economic growth. *European Journal of Globalization and Development Research*, 9(1), pp.530–543.

Oniku, A., Arebi, I., Ladipo, P. and Oluwabusayo, A., 2018. Effect of Relationship Marketing on Customers' Satisfaction (A Study of GT Bank Plc., Nigeria). April Special Edition, pp.163–182.

Oyefusi, A., 2007. *Oil-dependence and Civil conflict in Nigeria*. CSAE Working Paper Series. [online] *CSAE Working Paper Series*. Oxford, UK: Centre for the Study of African Economies, University of Oxford. Available at: <https://ideas.repec.org/p/csa/wpaper/2007-09.html> [Accessed 25 Apr. 2021].

Oyeranti, O. and Olayiwola, K., 2005. *Policies and Programmes for Poverty Reduction in Rural Nigeria*. Nairobi, Kenya: African Economic Research Consortium.pp.1–51.

Palmer-Jones, R. and Sen, K., 2003. What has luck got to do with it? A regional analysis of poverty and agricultural growth in rural India. *The journal of development studies*, 40(1), pp.1–31.

Patton, M.Q., 2002. *Qualitative Research & Evaluation Methods*. Third edition ed. Thousand Oaks, CA, USA: SAGE Publications, Inc.

Pennington, M., 2000. *Planning and the political market: Public choice and the politics of government failure*. London: A&C Black.

Pereira, J. and Aubyn, M.S., 2009. What level of education matters most for growth?: Evidence from Portugal. *Economics of Education Review*, 28(1), pp.67–73.

Peters, J. and Howard, K., 2001. Looking for good research in management–a publisher's case study. *Management Decision*.

Piabuo, S.M. and Tieguhong, J.C., 2017. Health expenditure and economic growth-a review of the literature and an analysis between the economic community for central African states (CEMAC) and selected African countries. *Health economics review*, 7(1), p.23.

Porter, D. and Craig, D., 2004. The third way and the third world: poverty reduction and social inclusion in the rise of 'inclusive'liberalism. *Review of International Political Economy*, 11(2), pp.387–423.

Pouw, N. and Gupta, J., 2017. Inclusive development: a multi-disciplinary approach. *Current Opinion in Environmental Sustainability*, 24, pp.104–108.

Pouw, N. and McGregor, A., 2014. An Economics of Wellbeing: What would economics look like if it were focused on human wellbeing? *IDS Working Papers*, 2014(436), pp.1–27.

Pradhan, R.P., 2009. Education and economic growth in India: Using error correction modelling. *International Research Journal of Finance and Economics*, 25(1), pp.139–147.

Psacharopoulos, G., 1995. *The profitability of investment in education: concepts and methods*. Washington DC: World Bank.

Ragan, C. and Lipsey, R.G., 2005. *Economics, Eleventh Canadian Edition: Instructor's Resource CD-ROM*. Canada: Pearson Education Canada.

Raheem, I.D., Isah, K.O. and Adedeji, A.A., 2018. Inclusive growth, human capital development and natural resource rent in SSA. *Economic Change and Restructuring*, 51(1), pp.29–48. https://doi.org/10.1007/s10644-016-9193-y.

Raja, N., 2005. Humanization of education in Pakistan through Freire's concept of literacy. *Asia Pacific Education Review*, 6(1), pp.1–6.

Rajan, R.G., 2006. *The Persistence of Underdevelopment: Constituencies and Competitive Rent Preservation*. [SSRN Scholarly Paper] Rochester, NY: Social Science Research Network. https://doi.org/10.2139/ssrn.977151.

Ram, R., 2007. IQ and economic growth: Further augmentation of Mankiw–Romer–Weil model. *Economics Letters*, 94(1), pp.7–11.

Ramos, R.A., Ranieri, R. and Lammens, J., 2013. *How Inclusive Has Growth Been in the Last Decade?* [online] Brasilla, Brazil: International Policy Centre for Inclusive Growth. Available at: <https://ideas.repec.org/p/ipc/opager/189.html> [Accessed 1 May 2020].

Ranieri, R. and Ramos, R.A., 2013a. *After All, What is Inclusive Growth?* Brasilla, Brazil: International Policy Centre for Inclusive Growth.p.1.

Ranieri, R. and Ramos, R.A., 2013b. *Inclusive Growth: Building up a Concept*. Working Papers. [online] *Working Papers*. Brasilla, Brazil: International Policy Centre for Inclusive Growth. Available at: <https://ideas.repec.org/p/ipc/wpaper/104.html> [Accessed 26 Apr. 2021].

Ranis, G., Stewart, F. and Samman, E., 2006. Human Development: Beyond the Human Development Index. *Journal of Human Development*, 7(3), pp.323–358. https://doi.org/10.1080/14649880600815917.

Rastogi, P.N., 2002. Knowledge management and intellectual capital as a paradigm of value creation. *Human systems management*, 21(4), pp.229–240.

Rauniyar, G. and Kanbur, R., 2010a. Inclusive growth and inclusive development: a review and synthesis of Asian Development Bank literature. *Journal of the Asia Pacific Economy*, 15(4), pp.455–469.

Rauniyar, G.P. and Kanbur, R., 2010b. Inclusive development: Two papers on conceptualization, application, and the ADB perspective.

Ravallion, M., 2001. Growth, inequality and poverty: looking beyond averages. *World development*, 29(11), pp.1803–1815.

Ravallion, M., 2004. *Pro-Poor Growth: A Primer*. Policy Research Working Papers. [online] Washington DC: World Bank. https://doi.org/10.1596/1813-9450-3242.

Ravallion, M., 2010. Do poorer countries have less capacity for redistribution? *Journal of Globalization and Development*, 1(2).

Ravallion, M. and Bidani, B., 1994. How robust is a poverty profile? *The world bank economic review*, 8(1), pp.75–102.

Ravallion, M. and Chen, S., 2003. Measuring pro-poor growth. *Economics letters*, 78(1), pp.93–99.

Ravi Balakrishnan, Chad Steinberg, and Murtaza Syed, 2013. *The Elusive Quest for Inclusive Growth : Growth, Poverty, and Inequality in Asia*. [online] IMF. Available at: <https://www.imf.org/en/Publications/WP/Issues/2016/12/31/The-Elusive-Quest-for-Inclusive-Growth-Growth-Poverty-and-Inequality-in-Asia-40709> [Accessed 9 Aug. 2020].

Rebelo, S., 1991. Long-run policy analysis and long-run growth. *Journal of political Economy*, 99(3), pp.500–521.

Remenyi, D., Williams, B., Money, A. and Swartz, E., 1998. *Doing research in business and management: an introduction to process and method*. Thousand Oaks, CA, USA: Sage Publications.

Richards, L., 2014. *Handling qualitative data: A practical guide*. Thousand Oaks, CA, USA: Sage Publications.

Riley, G., 2014. Economic growth-the role of human & social capital, competition & innovation. *Macroeconomic-growth-capital*, 16, p.24.

Robson, C., 2011. Real world research: a resource for users of social research methods in applied settings, 2011.

Roemer, J.E., 2013. Economic development as opportunity equalization. *The World Bank Economic Review*, 28(2), pp.189–209.

Romer, P.M., 1986. Increasing returns and long-run growth. *Journal of political economy*, 94(5), pp.1002–1037.

Romer, P.M., 1990. Endogenous technological change. *Journal of political Economy*, 98(5, Part 2), pp.S71–S102.

Rubaish, A.A., 2010. On the contribution of student experience survey regarding quality management in higher education: An institutional study in Saudi Arabia. *Journal of Service Science and Management*, 3(04), p.464.

Rubaish, A.A., Wosornu, L. and Dwivedi, S.N., 2011. Using Deductions from Assessment Studies towards Furtherance of the Academic Program: An Empirical Appraisal of Institutional Student Course Evaluation. *iBusiness*, 3(2), pp.220–228. https://doi.org/10.4236/ib.2011.32029.

Rubin, H.J. and Rubin, I.S., 2011. *Qualitative interviewing: The art of hearing data*. Thousand Oaks, CA, USA: Sage Publications.

Rumball-Smith, J., Barthold, D., Nandi, A. and Heymann, J., 2014. Diabetes associated with early labor-force exit: a comparison of sixteen high-income countries. *Health affairs*, 33(1), pp.110–115.

Rumsey, D.J., 2015. *U Can: statistics for dummies*. Washington DC: John Wiley & Sons.

Ruona, W.E.A., 2016a. Evolving Human Resource Development. *Advances in Developing Human Resources*, 18(4), pp.551–565. https://doi.org/10.1177/1523422316660968.

Ruona, W.E.A., 2016b. Should we define the profession of HRD? Views of leading scholars. In: *Evolving Human Resource Development*, 4th ed. Oaklahoma, USA: Advances in Developing Human Resources.pp.551–565.

Rwabizambuga, A., 2005. Social and economic implications of oil policy development in Nigeria. *International Social Science Journal*, 57, pp.81–91.

Sabir, H.M., Hussain, Z. and Saboor, A., 2006. Determinants of small farmers poverty in the Central Punjab (Pakistan). *Journal of Agriculture and Social Sciences*, 2(1), pp.10–12.

Sachs, I., 2004a. From poverty trap to inclusive development in LDCs. *Economic and Political Weekly*, pp.1802–1811.

Sachs, I., 2004b. Inclusive development strategy in an era of globalization. *Available at SSRN 908233*.

Sadeghi, J.M., Toodehroosta, M. and Amini, A., 2001. Determinants of poverty in rural areas: Case of Savejbolagh farmers in iran. Economic Research Forum for the Arab Countries, Iran and Turkey.

Salant, P., Dillman, I. and Don, A., 1994. *How to conduct your own survey*. Washington DC: John Wiley & Sons.

Samans, R., Blanke, J., Corrigan, G. and Drzeniek, M., 2015. *The inclusive growth and development report 2015*. [online] Geneva: World Economic Forum. Available at: <http://www3.weforum.org/docs/WEF_Forum_IncGrwth.pdf> [Accessed 12 Jun. 2020].

Sankay, O.J., Ismail, R. and Shaari, A.H., 2010. The impact of human capital development on the economic Growth of Nigeria. *Prosiding Perkem V, Jilid*, 1, pp.63–72.

Saunders, M.N.K., Lewis, P. and Thornhill, A., 2012. *Research Methods for Business Students*. 6th edition ed. Harlow, UK ; New York: Financial Times/ Prentice Hall.

Schelfhaudt, K. and Crittenden, V.L., 2005. Specialist or generalist: Views from academia and industry. *Journal of Business Research*, 58(7), pp.946–954.

Schultz, T.P., 2001. *Productive benefits of improving health: evidence from low-income countries*. New Haven, CT, USA: Yale University.

Schultz, T.W., 1993. The economic importance of human capital in modernization. *Education economics*, 1(1), pp.13–19.

Sekaran, U. and Bougie, R., 2016. *Research Methods For Business: A Skill Building Approach*. Washington DC: John Wiley & Sons.

Sen, A., 1988. *The standard of living*. Cambridge, UK: Cambridge University Press.

Sen, A., 1999. *Development as Freedom*. Oxford, UK: Oxford University Press.

Senhadji, A., 2000. Sources of economic growth: An extensive growth accounting exercise. *IMF staff papers*, 47(1), pp.129–157.

Seymour, D., Crook, D. and Rooke, J., 1997. The role of theory in construction management: a call for debate. *Construction Management & Economics*, 15(1), pp.117–119.

Sherif, M.A. and Price, A., 1999. A framework for pre-project planning. *Association of Researchers in Construction Management*, 2, pp.435–444.

Shorrocks, A. and Van der Hoeven, R., 2004. *Growth, inequality, and poverty: Prospects for pro-poor economic development*. Oxford, UK: Oxford University Press.

Silverman, D., 2002. Interpreting qualitative data. *ORGANIZATION STUDIES-BERLIN-EUROPEAN GROUP FOR ORGANIZATIONAL STUDIES-*, 23(1), pp.161–161.

Smith, S., 2001. Doing qualitative research: From interpretation to accion, 23-40. *Qualitative Methodologies for Geographers. Issues and debates. Hrsg.: Limb, M., Dwyer, C. London: Arnold*.

Solow, R.M., 1957. Technical change and the aggregate production function. *The review of Economics and Statistics*, 39(3), pp.312–320. https://doi.org/10.2307/1926047.

Spence, M., 2008. The growth report: Strategies for sustained growth and inclusive development. *Commission on Growth and Development Final Report, Washington, DC*.

Spence, M., Development, C. on G. and and Bank, W., 2008. *The growth report: strategies for sustained growth and inclusive development*. Illustrated edition ed. Washington DC: World Bank.

Spradley, J.P., 1979. *The Ethnographic Interview*. Long Grove, IL, USA: Waveland Press.

Stiglitz et al., 2013. *The industrial policy revolution I: the role of government beyond ideology*. Palgrave Macmillian, New York.

Stiglitz, J.E., Sen, A. and Fitoussi, J.-P., 2009. *Report by the commission on the measurement of economic performance and social progress*. New York: Columbia University.

Strauss, J., 1986. Does better nutrition raise farm productivity? *Journal of political economy*, 94(2), pp.297–320.

Strauss, J. and Thomas, D., 1998. Health, nutrition, and economic development. *Journal of economic literature*, 36(2), pp.766–817.

Stuart, E., 2011. Making Growth Inclusive: Some lessons from countries and the literature. *Oxfam Policy and Practice: Private Sector*, 8(1), pp.89–131.

Sundaram, K.R., Dwivedi, S.N. and Sreenivas, V., 2010. *Medical Statistics: Principles & Methods*. Tunbridge Wells, UK: Anshan.

Susman, G.I. and Evered, R.D., 1978. An assessment of the scientific merits of action research. *Administrative science quarterly*, 23(4), pp.582–603. https://doi.org/10.2307/2392581.

Tandi, L., 2013. Education as the key factor of Smart and Inclusive Growth–the changing Education Policy of Hungary compared to Europe 2020 Strategy. pp.19–21.

Tella, S.A. and Alimi, O.Y., 2016. Determinants of Inclusive Growth in Africa: Role of Health and Demographic Changes. *African Journal of Economic Review*, 4(2), pp.138–146.

Tepping, B.J., 1968. Elementary Sampling Theory, Taro Yamane. Englewood Cliffs, New Jersey: Prentice-Hall, Inc., 1967. Pp. x–405. *Journal of the American Statistical Association*, 63(322), pp.728–730. https://doi.org/10.1080/01621459.1968.11009297.

Tilak, J.B.G., 2007a. Inclusive growth and education: On the approach to the eleventh plan. *Economic and Political Weekly*, 42(38), pp.3872–3877.

Tilak, J.B.G., 2007b. Post-elementary education, poverty and development in India. *International Journal of Educational Development*, 27(4), pp.435–445.

Todaro and Smith, 2012. *Economic Development 11th Edition*. [online] Available at: </content/one-dot-com/one-dot-com/us/en/higher-education/product.html> [Accessed 12 Aug. 2020].

Tollens, E., 2002. *The Challenges Of Poverty Reduction With Particular Reference To Rural Poverty And Agriculture In Sub-Saharan Africa*. Working Papers. [online] *Working Papers*. Leuven, Belgium: Katholieke Universiteit Leuven, Centre for Agricultural and Food Economics. Available at: <https://ideas.repec.org/p/ags/kucawp/31850.html> [Accessed 26 Apr. 2021].

Tsamadias, C. and Prontzas, P., 2012. The effect of education on economic growth in Greece over the 1960–2000 period. *Education Economics*, 20(5), pp.522–537.

U. N. General Assembly, 2015. *Transforming our world:* [online] New York: United Nations. Available at: <http://undocs. org/A/70/L. 1> [Accessed 22 Jun. 2020].

Udoh, E. and Ayara, N., 2017. An Investigation of (Non-) Inclusive Growth in Nigeria's Sub-Nationals: Evidence from Elasticity Approach. *Economies*, 5(4), pp.1–17.

Ulriksen, M.S., 2012. Questioning the pro-poor agenda: Examining the links between social protection and poverty. *Development Policy Review*, 30(3), pp.261–281.

Umaru, A., Donga, M. and Musa, S., 2013. An empirical investigation into the effect of unemployment and inflation on economic growth in Nigeria. *Interdisciplinary Journal of Research in business*, 2(12), pp.1–14.

UNDP, 2005. *Sustaining the environment to fight poverty and achieve the MDGs: the economic case and priorities for action*. New York: UNDP.

Uneze, E., 2013. The relation between capital formation and economic growth: evidence from sub-Saharan African countries. *Journal of Economic Policy Reform*, 16(3), pp.272–286.

United Nations Development Programme, 2019. *Human Development Reports*. [Database] Human Development Reports. Available at: <http://hdr.undp.org/en/indicators/137506#> [Accessed 24 May 2021].

Usman, S., 2007. *Nigeria: Scorching the natural resource curse*. London: London School of Economics.

Van Ark, B., O'Mahoney, M. and Timmer, M.P., 2008. The productivity gap between Europe and the United States: Trends and causes. *Journal of economic perspectives*, 22(1), pp.25–44.

Van der Berg, S., 2008. Poverty and education. *Education policy series*, 10, p.28.

Varrella, S., 2020. *Nigeria: poverty rate, by state 2019*. [online] Statista. Available at: <https://www.statista.com/statistics/1121438/poverty-headcount-rate-in-nigeria-by-state/> [Accessed 15 May 2021].

Vellala, P., Madala, M. and Chattopadhyay, U., 2013. *Fitting inclusive growth model for Indian Economy*. *2013 Nirma University International Conference on*

Engineering, NUiCONE 2013, p.8. https://doi.org/10.1109/NUiCONE.2013.6780202.

Vellala, P.S., Madala, M. and Chattopadhyay, U., 2014. A theoretical model for inclusive economic growth in Indian Context. *International Journal of Humanities and Social Science*, 4(13), pp.229–235.

Verner, D., 2004. *Education and its poverty-reducing effects: The case of Paraiba, Brazil*. Washington DC: World Bank.

Warner, A., 2012. Inclusive Growth in Natural Resource-Intensive Economies. In: R. Arezki, C.A. Pattillo, M.G. Quintyn and M. Zhu, eds. *Commodity Price Volatility and Inclusive Growth in Low-Income Countries*. [online] Washington DC: International Monetary Fund.pp.161–186. Available at: <https://www.elibrary.imf.org/view/books/071/12631-9781616353797-en/12631-9781616353797-en-book.xml> [Accessed 25 Apr. 2021].

Webber, D.J., 2002. Policies to stimulate growth: should we invest in health or education? *Applied Economics*, 34(13), pp.1633–1643.

Wei, C.H.I., 2008. The role of human capital in China's economic development: Review and new evidence. *China Economic Review*, 19(3), pp.421–436.

White, H. and Anderson, E., 2000. *Growth Vs redistribution: Does the pattern of growth matter?* Brighton, UK: Institute of Development Studies, University of Sussex.

WHO, U. and ILO, I., 2010. *CBR Guidelines for community based inclusive development*. [online] Washington DC: WHO. Available at: <https://www.light-for-the-world.org/sites/lfdw_org/files/download_files/cbr_summary_eng.pdf> [Accessed 22 Jun. 2020].

Wikipedia, 2020. Nanka. In: *Wikipedia*. [online] Available at: <https://en.wikipedia.org/w/index.php?title=Nanka&oldid=997441553> [Accessed 21 May 2021].

Wilson, R.A. and Briscoe, G., 2004. The impact of human capital on economic growth: a review. 54, pp.13–64.

Wolgemuth, J.C., Latham, M.C., Hall, A., Chesher, A. and Crompton, D.W., 1982. Worker productivity and the nutritional status of Kenyan road construction laborers. *The American journal of clinical nutrition*, 36(1), pp.68–78.

Wood, L. and Kroger, R., 2000. *Doing Discourse Analysis: Methods for Studying Action in Talk and Text*. [online] Thousand Oaks, CA, USA: Sage Publications. https://doi.org/10.4135/9781452233291.

Woolcock, M., Easterly, W. and Ritzen, J., 2000. *On good politicians and bad policies: social cohesion, institutions, and growth*. Washington DC: World Bank.

World Bank, 2014. *World development indicators 2016 (English) | The World Bank*. [online] Available at:

<http://documents.worldbank.org/curated/en/805371467990952829/World-development-indicators-2016> [Accessed 21 Jun. 2020].

World Bank, 2019. *Nigeria | Data*. [online] DataBank Microdata Data Catalog. Available at: <https://data.worldbank.org/country/NG> [Accessed 15 May 2021].

World Bank, 2020a. *Nigeria: Human Capital Index 2020*. [Text/HTML] Washington DC: World Bank.p.2. Available at: <https://www.worldbank.org/en/publication/human-capital> [Accessed 24 May 2021].

World Bank, 2020b. *World development indicators 2016 (English) | The World Bank*. [online] Available at: <http://documents.worldbank.org/curated/en/805371467990952829/World-development-indicators-2016> [Accessed 21 Jun. 2020].

Yao, F., Müller, H.-G. and Wang, J.-L., 2005. Functional linear regression analysis for longitudinal data. *Annals of Statistics*, 33(6), pp.2873–2903. https://doi.org/10.1214/009053605000000660.

Yin, R.K., 2002. *Case study research: Design and Methods*. 3rd. Edition ed. Thousand Oaks, CA, USA: Sage Publications.

Yovo, K., 2017. Public expenditures, private investment and economic growth in Togo. 7, pp.193–20. https://doi.org/10.4236/tel.2017.72017.

Yumuşak, I.G. and Yıldırım, D., 2009. An econometric examination over the relation between health expenditure and economic growth. *The Journal of Knowledge Economy and Knowledge Management, IV*, 7(23), pp.57–70.

Yusuf, M.O. and Yusuf, H.T., 2008. Educational reforms in Nigeria: The potentials of information and communication technology (ICT). *Educational Research and Review*, 4(5), p.22.

Zivengwa, T., Hazvina, F., Ndedzu, D. and Mavesere, I.M., 2013. Investigating the causal relationship between education and economic growth in Zimbabwe. *Asian Journal of Humanities and Social Studies*, 1(05).

APPENDICES

Appendix 1: Ethics Approval

Anglia Ruskin University
Cambridge Chelmsford Peterborough

Cambridge Campus
East Road
Cambridge
CB1 1PT

T: 0845 196 2223
Int: +44 (0)1223 698223
www.anglia.ac.uk

Date 20/05/19

Dear Damian

Principal Investigator: Damian Nwankwo
DREP number: 1716234
Project Title: An Assessment of Inclusive Growth Mechanisms in Nigeria: Case Study of Onitsha and Orumba Communities

I am pleased to inform you that your ethics application has been ***approved with minor amendments*** by the Departmental Research Ethics Panel (DREP) under the terms of Anglia Ruskin University's Research Ethics Policy (Dated 8 September 2016, Version 1.7). Approval by DREP is subject to ratification by the FREP.

Please action the points below and submit to your academic supervisor for them to review:

Student to forward Quiz screenshot

Ethical approval is given for a period of 1 year for undergraduates/masters students or 3 years for doctorate students and staff from the date of this letter.

It is your responsibility to ensure that you comply with Anglia Ruskin University's Research Ethics Policy and the Code of Practice for Applying for Ethical Approval at Anglia Ruskin University available at www.anglia.ac.uk/researchethics including the following.

- The procedure for submitting substantial amendments to the committee, should there be any changes to your research. You cannot implement these amendments until you have received approval from DREP for them.
- The procedure for reporting accidents, adverse events and incidents.
- The General Data Protection Requirement and Data Protection Act (2018).
- Any other legislation relevant to your research. You must also ensure that you are aware of any emerging legislation relating to your research and make any changes to your study (which you will need to obtain ethical approval for) to comply with this.
- Obtaining any further ethical approval required from the organisation or country (if not carrying out research in the UK) where you will be carrying the research out. This includes other Higher Education Institutions if you intend to carry out any research

involving their students, staff or premises. Please ensure that you send the DREP copies of this documentation if required, prior to starting your research.

- Any laws of the country where you are carrying the research and obtaining any other approvals or permissions that are required.
- Any professional codes of conduct relating to research or requirements from your funding body (please note that for externally funded research, where the funding has been obtained via Anglia Ruskin University, a Project Risk Assessment must have been carried out prior to starting the research).
- Completing a Risk Assessment (Health and Safety) if required and updating this annually or if any aspects of your study change which affect this.
- Notifying the DREP Secretary when your study has ended.

Please also note that your research may be subject to monitoring.

Should you have any queries, please do not hesitate to contact me. May I wish you the best of luck with your research.

Yours sincerely,

Petra Saur

DREP Chair
Date 20.5.19
V1.3

Appendix 2: Participant Information Sheet

Anglia Ruskin University

PARTICIPANT INFORMATION SHEET

Title of Project: An Assessment of Inclusive Growth Mechanism in Nigeria: Case Study of Onitsha and Orumba Communities.

Please I will be grateful you take part in a PhD research on 'An Assessment of Inclusiveness of Growth in terms of poverty and unemployment reduction through the performance of health and educational services in Nigeria, particularly in communities'.

I have asked you particularly to take part in this research because of your experience and interaction with the community under investigation in this research. As you can see, the case study for the research will be two communities and will involve both interviews and questionnaire survey. Interviews will involve 31 people in each community while questionnaire will involve 200 and 300 surveys respectively, but you will only take part in either one. You may not have any direct benefit to this study, but it may yield some useful information that may help to improve lives

The research is funded by Catholic church of Nigeria, both communities have given their permissions for the research to be carried out, all ethics requirements (ethical approval) have been met, all answers will be confidential and anonymous, and will be used only for academic purposes such as write up thesis at Anglia Ruskin University Cambridge, journal articles and conferences.

Both the interview sessions and questionnaire survey are designed to measure your perceptions on the 'Assessment of inclusive growth in Nigeria through the mechanism of access to health and educational services in Onitsha and Orumba Communities', but you are required to take part in either of them. In the case of Interview, it will involve some form of questions which may prompt other questions for clarity sake and may last between 45 – 60 minutes. Then, in the case of survey, a questionnaire is prepared using a scale of 1 to 5, 1 is strongly disagree, 2 is disagree, 3 is undecided, 4 is agree and 5 is strongly agree. As such, you will need to score each question on the basis of your perception. In addition, the demographic part of the questionnaire is required to be completed. It is pertinent to let you understand that your participation is totally voluntary, and you are free to refuse or withdraw at any point without giving any reasons.

My Supervisors: Dr. Noah Karley, Dr. John Hogan and I will be entirely responsible for the information contained in both interviews and questionnaire during the study. It is also important to let know that the information will be destroyed after the studies and your confidentiality and anonymity will be highly respected and protected. Therefore, in the case of survey; the consent form, information sheet, questionnaire will be returned through the established contact approved by each group, while the interviews will be in the form of face to face interview.

Thanks a lot for your positive response and time.

Damian Nwankwo.

Appendix 3: Participant Consent Form

Anglia Ruskin University

PARTICIPANT CONSENT FORM

TITLE OF PROJECT: An Assessment of inclusive growth mechanism in Nigeria: Case of Orumba and Onitsha communities

Main investigator and contacts: Damian Nwankwo; [redacted]

Members of the research team: Dr Noah Karley; Dr John Hogan

Please answer the following questions by ticking the response that applies

	Yes	No
1. I agree to take part in the above research. I have read the Participant Information Sheet for the study. I understand my role and my questions have been answered to my satisfaction	☐	☐
2. I understand that I am free to withdraw from the research At any time, without giving a reason.	☐	☐
3. I am free to ask any question at any time before and during the study.	☐	☐
4. I understand what will happen to the data collected from me for the research.	☐	☐
5. I have been provided with a copy of this form and the Participant Information Sheet.	☐	☐
6. I understand that quotes from me will be used in the dissemination of the research.	☐	☐
7 I understand that the interview will be recorded	☐	☐

I agree to the University processing personal data which I have supplied. I agree to the processing of such data for any purpose with the research as outlined by me.

Name of Participant: …… Signed …… Date……..

Name of Witness …….. Signed …….. Date ……..

Appendix 4: Community Permission Letter

IGWE IN- COUNCIL

IGWE'S PALACE
Nanka, Orumba North L.G.A P.O. Box 49 Nanka

Our Ref .....

Your Ref Damian Nwankwo
Anglia Ruskin
University Cambridge
United Kingdom.

Date 13/1/2015

A Permission Letter

Sequel to your request for a permission for your research project, particularly data collection to be carried in Nanka community in Orumba LGA, having read and understood the information in the participant information sheet and informed consent form, the office of the leadership of Nanka community in Orumba L.G.A through the Igwe hereby give you the permission as requested. For your information, the State commissioners for health and education have spoken to me about your intention for data collection in my community. So, the community is happy for the research to be carried out, freely gave their consent and are willing to take part in the research study. I wish you well with your research project and do not hesitate to contact me if you need any further help on this issue.

Salutations

IGWE IN COUNCIL IGN DATE 13/1/2015 NANKA

.....
HRH, Igwe Godwin Ogo Ezeilo
Obu Nanka

Appendix 5: Demographic Data

Demographic

Gender	
	Female ☐
	Male ☐
Employment status	
	Public ☐
	Private ☐
	Unemployed ☐
Educational level	
	Undergraduate ☐
	Graduate ☐
	Post graduate ☐
	Other Certificate ☐
Income (Naira per month)	
	≤30,000 ₦ ☐
	30,001 – 80,000 ₦ ☐
	80,001 – 130,000 ₦ ☐
	130,001 – 180,000 ₦ ☐
	180,001 – 230,000 ₦ ☐
	230,001 – 280,000 ₦ ☐
	>280,001 ₦ ☐
Age	
	16 -26 ☐
	27-36 ☐
	37-46 ☐
	47-55 ☐
	56-64 ☐
Marital status	
	Single ☐
	Married ☐
	Not Married ☐
How often do you go for medical care?	
	Not at all ☐
	Always ☐
	Often ☐

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Appendix 6: Questionnaire Health Services

QUESTIONAIRE
POVERTY AND UNEMPLOYMENT
HEALTH IN THE NANKA COMMUNITY

Circle the correct numeric response to each statement:

No	Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	SECONDARY HOSPITALS	①	②	③	④	⑤
1	There are enough government hospitals in the local community.	①	②	③	④	⑤
2	There are no regular means of transport to attend hospital.	①	②	③	④	⑤
3	There are little promotions or motivations to attend hospital.	①	②	③	④	⑤
4	The standard of health services reduce attendance.	①	②	③	④	⑤
5	Hospital fees too high.	①	②	③	④	⑤
6	Lack of equipment/facilities reduce hospital attendance.	①	②	③	④	⑤
7	Lack of interest contributes to poor usage of hospitals.	①	②	③	④	⑤
8	The hospital is adequately staffed.	①	②	③	④	⑤
9	Hunger and poor nutrition are reasons for hospital attendance.	①	②	③	④	⑤
10	The community has a good understanding of first aid.	①	②	③	④	⑤
11	The hospital provides for both men and women equally.	①	②	③	④	⑤
12	Hospital services are accessed by people of every religious belief.	①	②	③	④	⑤
13	Drug, alcohol, smoking and other addictions place a huge demand on hospital services.	①	②	③	④	⑤

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QUESTIONAIRE
POVERTY AND UNEMPLOYMENT
HEALTH IN THE NANKA COMMUNITY

No	Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	PRIMARY/RURAL HEALTHCARE CENTRES	①	②	③	④	⑤
1	There are enough government hospitals in the local community.	①	②	③	④	⑤
2	There are no regular means of transport to attend hospital.	①	②	③	④	⑤
3	There are little promotions or motivations to attend hospital.	①	②	③	④	⑤
4	The standard of health services reduce attendance.	①	②	③	④	⑤
5	Hospital fees too high.	①	②	③	④	⑤
6	Lack of equipment/facilities reduce hospital attendance.	①	②	③	④	⑤
7	Lack of interest contributes to poor usage of hospitals.	①	②	③	④	⑤
8	The hospital is adequately staffed.	①	②	③	④	⑤
9	Hunger and poor nutrition are reasons for hospital attendance.	①	②	③	④	⑤
10	The community has a good understanding of first aid.	①	②	③	④	⑤
11	The hospital provides for both men and women equally.	①	②	③	④	⑤
12	Hospital services are accessed by people of every religious belief.	①	②	③	④	⑤
13	Drug, alcohol, smoking and other addictions place a huge demand on hospital services.	①	②	③	④	⑤

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QUESTIONAIRE
POVERTY AND UNEMPLOYMENT
HEALTH IN THE NANKA COMMUNITY

Circle the correct numeric response to each statement:

No	Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	PRIVATE HOSPITALS					
1	There are enough private hospitals in the local community.	①	②	③	④	⑤
2	There are no regular means of transport to attend hospital.	①	②	③	④	⑤
3	There are little promotions or motivations to attend hospital.	①	②	③	④	⑤
4	The standard of health services reduce attendance.	①	②	③	④	⑤
5	Hospital fees too high.	①	②	③	④	⑤
6	Lack of equipment/facilities reduce hospital attendance.	①	②	③	④	⑤
7	Lack of interest contributes to poor usage of hospitals.	①	②	③	④	⑤
8	The hospital is adequately staffed.	①	②	③	④	⑤
9	Hunger and poor nutrition are reasons for hospital attendance.	①	②	③	④	⑤
10	The community has a good understanding of first aid.	①	②	③	④	⑤
11	The hospital provides for both men and women equally.	①	②	③	④	⑤
12	Hospital services are accessed by people of every religious belief.	①	②	③	④	⑤
13	Drug, alcohol, smoking and other addictions place a huge demand on hospital services.	①	②	③	④	⑤

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QUESTIONAIRE
POVERTY AND UNEMPLOYMENT
HEALTH IN THE NANKA COMMUNITY

Circle the correct numeric response to each statement:

No	Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	TRADITIONAL MEDICINE SOURCES & OTHER ALTERNATIVE PROVIDERS					
1	People use traditional medicine in the local community.	①	②	③	④	⑤
2	Traditional medicine an alternative to modern medicine.	①	②	③	④	⑤
3	Traditional medicine is effective in treating people.	①	②	③	④	⑤
4	Traditional medicine is used as a cheaper alternative to modern medicine.	①	②	③	④	⑤
5	Cultural heritage is linked to the use of traditional medicine.	①	②	③	④	⑤
6	Traditional medicine practitioners are regulated/monitored formally.	①	②	③	④	⑤
7	Chemists offer a credible alternative to hospital/centre use.	①	②	③	④	⑤
8	Home midwives provide good healthcare outcomes.	①	②	③	④	⑤

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Appendix 7: Questionnaire Education

QUESTIONAIRE
POVERTY AND UNEMPLOYMENT
EDUCATION IN NANKA COMMUNITY

Circle the correct numeric response to each statement:

No	Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	PRIMARY SCHOOLS					
1	There are adequate primary schools in the neighbourhood.	①	②	③	④	⑤
2	Transportation is not reliable enough to attend daily classes.	①	②	③	④	⑤
3	There are insufficient incentives or motivations to show up school.	①	②	③	④	⑤
4	Illness or disabilities can stop children from getting an education.	①	②	③	④	⑤
5	The cost of fees to is too expensive.	①	②	③	④	⑤
6	Coping with schoolwork is difficult, so students avoid attending.	①	②	③	④	⑤
7	Poorly motivated students are a factor for poor school attendance.	①	②	③	④	⑤
8	Doing house chores can add to poor school attendance.	①	②	③	④	⑤
9	Children working results in reduced attendance.	①	②	③	④	⑤
10	Both sexes have the same opportunity to attend classes.	①	②	③	④	⑤
11	Children are always taught in a same age cohort.	①	②	③	④	⑤
12	Addictions influence attendance.	①	②	③	④	⑤
13	Attendance and results are affected by strikes or similar actions.	①	②	③	④	⑤
14	The education system is open to all religious faiths.	①	②	③	④	⑤

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QUESTIONAIRE
POVERTY AND UNEMPLOYMENT
EDUCATION IN NANKA COMMUNITY

Circle the correct numeric response to each statement:

No	Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	SECONDARY SCHOOLS					
1	There are enough secondary schools in the local community.	①	②	③	④	⑤
2	There is no regular means of transport to attend local secondary schools.	①	②	③	④	⑤
3	There are little incentives or motivations to attend secondary schools.	①	②	③	④	⑤
4	Illness or disability are reasons for students not attending school.	①	②	③	④	⑤
5	School fees to are prohibitive.	①	②	③	④	⑤
6	Students struggle to cope with schoolwork and avoid attending.	①	②	③	④	⑤
7	Lack of interest contributes to poor school attendance.	①	②	③	④	⑤
8	Housekeeping commitments contribute to poor school attendance.	①	②	③	④	⑤
9	A student's need to work contributes to poor school attendance.	①	②	③	④	⑤
10	Boys and girls have equal opportunity to attend school.	①	②	③	④	⑤
11	Students are always taught in classrooms by age groups.	①	②	③	④	⑤
12	Drug, alcohol, smoking and other addictions affect attendance.	①	②	③	④	⑤
13	Industrial action impacts attendance and performance.	①	②	③	④	⑤
14	Religious beliefs do not affect access to the education system.	①	②	③	④	⑤

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QUESTIONAIRE
POVERTY AND UNEMPLOYMENT
EDUCATION IN NANKA COMMUNITY

Circle the correct numeric response to each statement:

No	Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	TERTIARY SCHOOLS					
1	The local area has sufficient tertiary schools.	①	②	③	④	⑤
2	Tertiary schools are not served well with good transport links.	①	②	③	④	⑤
3	A lack of encouragement or reward affects attendance.	①	②	③	④	⑤
4	Students who are ill or disabled find it difficult to attend to school.	①	②	③	④	⑤
5	The cost of attending a tertiary college is expensive.	①	②	③	④	⑤
6	Non-attendance is often a result of students not coping with course work.	①	②	③	④	⑤
7	Attendance is affected by a lack of student enthusiasm.	①	②	③	④	⑤
8	Home responsibilities affect to school attendance negatively.	①	②	③	④	⑤
9	The necessity to work leads to low attendance rates for students.	①	②	③	④	⑤
10	The same opportunity to attend college is open to every child regardless of gender.	①	②	③	④	⑤
11	Classes are always taught to children in the same are cohort.	①	②	③	④	⑤
12	Substance abuse affects attendance.	①	②	③	④	⑤
13	Student attendance and achievement is affected by industrial disruption.	①	②	③	④	⑤
14	Tertiary schools are blind to a student's religious traditions.	①	②	③	④	⑤

QUESTIONAIRE
POVERTY AND UNEMPLOYMENT
EDUCATION IN NANKA COMMUNITY

Circle the correct numeric response to each statement:

No	Statements	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
	VOCATIONAL SCHOOLS					
1	There is adequate provision of vocational schools for the local population.	①	②	③	④	⑤
2	Irregular transport restricts attendance.	①	②	③	④	⑤
3	Student attendance is not supported by inducements, encouragement or other motivations.	①	②	③	④	⑤
4	Physical impairment or illnesses are factors that affect students attending.	①	②	③	④	⑤
5	Course fees are too high.	①	②	③	④	⑤
6	Students find course work and exams overwhelming and do not attend.	①	②	③	④	⑤
7	Absence of curiosity adds to low attendance.	①	②	③	④	⑤
8	Home commitments affect school attendance negatively.	①	②	③	④	⑤
9	Work commitments negatively affect student attendance.	①	②	③	④	⑤
10	Males & females have equal chances to attend courses.	①	②	③	④	⑤
11	Teaching is always delivered to classes of the same age cohort of students.	①	②	③	④	⑤
12	Attendance is affected by dependency and abuse of addictive substances such as solvents, drink, drugs and tobacco.	①	②	③	④	⑤
13	Attainment and attendance are affected by industrial unrest.	①	②	③	④	⑤
14	Access to school is impartial to a student's religious beliefs	①	②	③	④	⑤

Appendix 8: Health Structured Questions

INTERVIEW
UNEMPLOYMENT AND POVERTY REDUCTION Via HEALTH

QUOTE

Do you believe that healthy populations, particularly working aged adults or children, are capable of productive employment and can impact poverty and unemployment reduction?

Do you believe that healthy children progress better in school and become properly equipped for employment?

A) CAPACITY

1. In the local community do you think there are enough healthcare delivery establishments (surgeries, clinics, hospitals etc) that provide an acceptable level of service/treatments/information to impact on the quality of peoples lives?

   Approximately how many of these establishments exist?

2. Do you think that local health establishments meet with the community's expectations in terms of good medical care?

   Do people in general value the availability of these health delivery establishments – why?

3. Those that do not value these health establishments. What would their reasoning be?

B) RESOURCES

4. How would you describe the delivery of health services at these establishments, in terms staff capability?

   Do you think these establishments have good effective management teams?

5. Do you think these healthcare establishments have enough qualified medical staff and ancillary staff?

6. Do you think healthcare establishments have enough of the correct equipment, medicines, and facilities to diagnose and treat the local community and to encourage more use?

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C) APPROACH

7. How do health delivery establishments perform when handling; appointments, diagnosis, treatments, prevention, emergencies, follow-ups?

8. How frequent do health establishments use out-reach promotions to encourage healthy life-styles, preventive advice/procedures, services?

   Do establishments use out-reach promotions to link between improved health and increased life expectancy & reduced mortality rate?

9. What methods do health establishments use to encourage people's positive attitude to improved health and its potential to lift people out of poverty and into employment?

D) CHALLENGES/DILEMMAS

10. What are the obstacles that restrict access to health establishments?

    What factors could be improved to widen access to these establishments and raise usage?

11. How frequent does the government provide aid/support to local health establishments, for e.g. Infrastructure, transportation, free medical treatment, subsidies for costly drugs for HIV, malaria, TB infections?

12. What are the impacts of 'traditional' quack: doctors, midwives, medicines and chemists on people's perceptions of modern proven based treatments?

13. How do health establishments encourage the local community to sponsor aid/support for infrastructure, facilities, transport, equipment, security and philanthropic programs like sanitation and good water supply?

Appendix 9: Education Structures Questions

INTERVIEW
UNEMPLOYMENT AND POVERTY REDUCTION Via EDUCATION

PREAMBLE

Do you believe that educated populations are capable of productive employment and can impact poverty and unemployment reduction?

What is your perception about poverty and unemployment in the community?

A) CAPACITY

1. In the local community do you think there are enough educational establishments (primary, secondary, vocational and tertiary) that provide an acceptable level of training in; literacy, craft-skills, apprenticeships and academic subjects that can impact peoples quality of lives?

   Approximately how many of these establishments sexist?

2. Do you think that local educational establishments meet with the community's expectations in preparing people to take up employment?

   Do people in general value the availability of these educational establishments – why?

3. Those that do not value these educational establishments. What would their reasoning be?

B) RESOURCES

4. How would you describe the delivery of education at these establishments, in terms staff capability?

   Do you think these establishments have good effective management team?

5. Do you think that these establishments have enough qualified educators to teach/train students?

6. Do you think establishments have enough of the correct equipment and learning facilities to attract and raise enrolment numbers?

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C) APPROACHES

7. How do educational establishments promote their services in terms of; economic prospects, training facilities, scholarships and pastoral care for students?

8. How frequent do establishments canvas for existing or potential benefactors to award incentives or scholarships to increase the enrolment levels?

9. What methods do establishments use to encourage people's positive attitude to education and it's potential to lift people out of poverty and into employment?

D) CHALLENGES/DILEMMAS

10. What are the obstacles that restrict access to educational establishments?

    What factors could be improved to widen access to these establishments and raise enrolment levels?

11. How frequent does the government provide aid/support to local educational establishments, for e.g. Books, equipment, staffing, fees etc?

12. How do educational establishments encourage the local community to sponsor aid/support for infrastructure, facilities, fees, transport, equipment, incentives etc?